

# **APPLICATION FOR REGISTRATION**

## SPECIALIST/SUB-SPECIALIST

Form 21

## NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

The application form must be completed IN DETAIL and CORRECTLY. Information regarding experience must be     provided in CHRONOLOGICAL order.     For registration as a sub-specialist, in the case of Dentists information since qualifying as a dentist/for medical practitioners     since commencement with internship.     For registration as a sub-specialist, information since registration as a specialist.     Attach documentary evidence in respect of experience and posts held and provide the exact post held and time spent in each     post (beginning and end dates must be clearly indicated).     Additional information pertaining to your application, to which you wish to draw attention, should be provided in a separate     document.     In order to register as a specialist, you will have to register an acceptable specialist qualification as an additional qualification     against your name. (Form 19 duly completed as well as additional qualification registration fee of R540.00.     Only duly completed applications, which include the registration fee of R7105.00 and the fee for registration of the additional     qualification, if applicable.     * Please complete for statistical purposes.     M8. Please note that the Council, in the normal course of its dudies, reserves the right to divulge Information in your personal file to other parties.     ERSONAL PARTICULARS     PleSA Registration Number:						
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IAME OF SPECIALITY/SUB-SPECIALITY FOR REGISTRATION IN REGISTER:						
QUALIFICATIONS ALREADY REGISTERED WITH THE BOARD:						
ANY OTHER MEDICAL/DENTAL QUALIFICATIONS HELD:						
PLEASE INDICATE REGISTRATION WITH OTHER MEDICAL/DENTAL COUNCIL:						
Date of registration: and registration status:						
SEE PAGE 2 FOR EXPERIENCE IN CHRONOLOGICAL ORDER (See 1. above).						
NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.						

Updated/MM/ applicable from 1 April 2023 to 31 March 2024

### NB PLEASE READ THE INSTRUCTIONS ON THE FRONT PAGE PRIOR TO COMPLETING THIS SECTION NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

#### EXPERIENCE IN CHRONOLOGICAL ORDER

Dentists starting immediately after obtaining basic qualification. Medical practitioners starting with beginning of internship.

Name of hospital (or town/city in case of general practice)	Nature of appointment and department in which held	Full-time or Part-time	From	То	Total period in months	Supporting documentary evidence marked "A", "B", etc.