

MEDICAL AND DENTAL PROFESSIONS BOARD

CERTIFICATE RELATING TO TRAINING IN SPECIALITIES INCLUDING COMPLETION OF RESEARCH COMPONENT (ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)

Form 57 MED

NAME OF PRACTITIONER:	ETHI	ETHICS CLEARANCE NUMBER		MP(Attach a copy of ethics clearance certificate)	
NAME OF HOSPITAL:	NAM	E OF UNIVERSITY:			
COMPLETION OF REGISTRAR TRAINING Post held as Registrar	TIME AND RESEARCH COMPONENT (Board approved registrar	RESEARCH COMPONENT OUT Academic Department		ach Academic Department	
i oot noid do regional	post number	Academic Department	-	·	
A.			From	То	
В.					
C.					
Certified correct we, the undersigned, declar the said Registrar was satisfactory / unsatisfactory when the undersigned certify that the candidates research component has not contributed tow	actory. (If unsatisfactory, please state reate has submitted a research component	sons in separate submission.) that complies with the HPCSA rea	quirements and this has bee		
All academic requirements adhered too.	Minimum requirements for Research Basic Research methodology compo	Component: The rotation was co	The rotation was confirmed in the Institution. All requirements are achieved for registration.		
	 Relevant Protocol finalized. Discipline specific research assignment for external assessment with pass a and/or published in accredited journal 	s an outcome			
Signed: Head of Academic Department	Signed:Supervisor/s of research project		ent of teaching/ satellite	Signed: Dean: Faculty of Health Sciences /School of Medicine of University Date:	
Date:	Date:	Date:	lacinty		
STAMP OF ACADEMIC DEPARTMENT		STAMP (OF INSTITUTION	UNIVERSITY DATE STAMP	

NB: Please take note that the Council, in the normal course of its' duties, reserve the right to divulge information in your personal file to other parties. A non-compliant application will be rejected and be sent back. NO ALTERATION / CORRECTION TO THIS DOCUMENT WILL BE ACCEPTED. Updated: 21-02-2018