



**THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL**  
**APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN**  
**(NON SOUTH AFRICAN HEALTH PRACTITIONER)**

(Section 22 of Act 19 of 1979)

The Registrar  
 South African Dental Technicians Council  
 P O BOX 14617  
 HATFIELD  
 0028

Full names and Surname .....

ID/Passport Number .....Work Permit/Resident Permit Number .....

Tel. Nr. .... Cell. Nr. ....

Postal/Residential address .....

Country of Origin .....Highest Qualification .....

University/College/Institution which conferred the qualification .....

E-mail .....

Hereby apply for registration as a dental technician and declare that:

- 1) I am the person mentioned in the accompanying qualification, namely- (Degree, Diploma in dental technology) dated ..... submitted by me in support of my application to be registered as a dental technician/technologist in the Republic of South Africa.
- (2) The said qualification was granted to me after examination and is my own lawful property, and entitles me, as far as professional qualifications are concerned, to practice as a dental technician/technologist in the Republic of South Africa.
- (3) I have never in any country been convicted of any offence against the law, and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Date:.....  
 Signature

Sworn to me at ..... this ..... day

of ..... 20.....

.....  
 Signature of the Justice of Peace or Commissioner of Oaths

\*If the applicant is unable to make the declaration in paragraph 3, the council, in order to consider the application, will require full particulars of the reasons for his inability to do so.

**APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN  
(NON SOUTH AFRICAN NATIONALS)  
DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM**

<b>DOCUMENT</b>		<b>Tick Box for documents attached</b>
<b>1</b>	<b>Valid Identity Document/Passport</b>	
<b>2</b>	<b>Valid Work Permit/Resident Permit</b>	
<b>3</b>	<b>Certified copy of qualifications</b>	
<b>4</b>	<b>Assessment of Foreign Qualifications by SAQA (South African Qualifications Authority)</b>	
<b>5</b>	<b>Letter of Endorsement from the Department of Health (Foreign WorkForce Management Programme)</b>	
<b>5</b>	<b>A letter of Good Standing from the Professional Council from the Country of Origin or from the last Country of where you practiced</b>	
<b>6</b>	<b>Offer of Employment from a registered dental laboratory in South Africa (For those who wish to work in dental laboratories as employees)</b>	

**CONTACT DETAILS**

<p><b>Department of Health</b> Foreign WorkForce Management Private Bag x 828 Pretoria 0001</p> <p>OR</p> <p>Department of Health Civitas Building (South Tower) Cnr Stuben and Andries Street Pretoria 0002</p> <p>Telephone (012) 395 8686/8685 Fax 086 529 5305/5306</p>	<p><b>South African Qualifications Authority</b></p> <p>Directorate: Foreign Qualification Evaluation and Advisory Services Postnet 248 Private Bag x 06 Waterkloof 0145</p> <p>OR</p> <p>SAQA House 1067 Arcadia Street - Hatfield Pretoria</p> <p>Telephone (012) 431 5070 Fax (012) 431 5146</p>
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