

Application for inclusion on the SAMLA Register of Medico-Legal Practitioners

I, _____ (full name)
hereby apply to have my name included on the SAMLA Register of Medico-Legal Practitioners.

Please include my details on the register as follows:

1. Title: _____
2. Profession: _____
3. ID number: _____
4. Office telephone No: _____
5. Mobile phone No: _____
6. Email address: _____
7. Language proficiencies: _____
8. Physical address of office or practice:

9. Name/s of Professional Registration Authority or Authorities with which I am registered (e.g. LPC - HPCSA – Nursing Council etc):

10. Please find copies of the following documents attached to this application.
 - a. Proof of registration by relevant Professional Registration Authority.
 - b. Signed copy of SAMLA Code of Conduct.
 - c. Curriculum Vitae, with ID and recent photograph.
 - d. Proof of reasonable knowledge of the medico-legal field by:
 - i. Copy of Certificate of Completion of the SAMLA-UCT Foundations Course in Medico-Legal Practice; OR
 - ii. Properly motivated written application for qualification under the SAMLA RPL Policy (Recognition of Prior Learning - see SAMLA MOI para 11.3.2), together with the required references.

AUTHORIZATION

In accordance with the POPI Act, I hereby authorize SAMLA to provide copies of the above documentation, which contains my personal information, to parties or clients who wish to appoint a Medico-Legal Practitioner.

AFFIRMATION

By signing this application I affirm that I am in good standing with the Professional Registration Authority or Authorities indicated above; that I am a member in good standing of SAMLA; that I have read and accept the provisions of the SAMLA MOI; and that I have read and understood the SAMLA Code of Conduct.

PLEDGE

By signing this application I pledge to act in accordance with the ethical standards of the SAMLA Code of Conduct.

NB: Please forward this signed application form plus above supporting documents to info@samla.org.za

Signed

Date