



**Form 57 A MED**

**MEDICAL AND DENTAL PROFESSIONS BOARD**

**CERTIFICATE RELATING TO EDUCATION AND TRAINING IN SUB-SPECIALITY  
(ONLY APPLICABLE TO EDUCATION AND TRAINING OBTAINED IN SOUTH AFRICA)**

MP .....

NAME OF PRACTITIONER: .....

NAME OF HOSPITAL: ..... NAME OF UNIVERSITY: .....

Post held: Consultant Specialist	Board approved Sub-speciality Trainee Post Number	Teaching Unit (For example Gastro Enterology)	Period spend in each Teaching Unit	
			From	To
A.			<i>dd / mm / year</i>	<i>dd / mm / year</i>
B.			<i>dd / mm / year</i>	<i>dd / mm / year</i>
C.			<i>dd / mm / year</i>	<i>dd / mm / year</i>
D.			<i>dd / mm / year</i>	<i>dd / mm / year</i>

Certified correct and we, the undersigned, declare that post(s) ..... (state which of A, B, C, etc.) is/are accredited Sub-speciality Trainee post(s). His/her performance and progress was satisfactory/unsatisfactory (if unsatisfactory, please state reasons in separate submission).

Signed: ..... Signed: ..... Signed: .....

Head of Academic Department                      Medical Superintendent of teaching/  
satellite hospital/department/facility                      Dean: Faculty/School of Medicine/Health  
Science of University

Date: ..... Date: ..... Date: .....

**UNIVERSITY DATE STAMP**

**\*\* NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED**

**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.**