



THE HEALTH PROFESSIONS COUNCIL OF ZAMBIA

The Health Professions Act, 2009

(Act No. 24 of 2009)

The Health Professions (General) Regulations, 2012

APPLICATION FOR APPROVAL OF AN INTERNSHIP PROGRAMME		
<i>Information Required</i>	<i>Information Provided</i>	✓
1	PART A (PARTICULARS OF THE INTERNSHIP SITE)	
	(a) Name of the Training Institution	
	(b) Name of Faculty (e.g. College of Physician, Surgeons etc.)	
	(c) Nationality (Zambian/Non- Zambian)	
	(d) Ownership (Private/ Public)	
	(e) Physical Address	
	(f) Postal Address	
	(g) District	
	(h) Province	
	(i) Phone No.	
	(j) Email	
	(k) Fax No.	
	2	PART B (PARTICULARS OF THE INTERNSHIP PROGRAMME)
(a) Name of the Internship Programme		
(b) Level of the Training Programme		
(c) Duration of the Internship Programme		
(d) Curriculum for the Training Programme		
PART C (PARTICULARS OF THE HEAD OF THE INTERNSHIP SITE)		

	(a) Name		
	(b) Profession		
	(c) Nationality		
	(d) NRC		
	(e) HPCZ Reg No.		
	(f) Residential Address		
	(g) Phone No		
	(h) Email Address		
	(i) Appointment letter		
	(j) Curriculum Vitae		
PART C (PARTICULARS OF THE INTERNSHIP COORDINATOR)			
	(a) Name of the Coordinator		
	(b) Profession of the Coordinator		
	(c) Nationality		
	(d) NRC		
	(e) HPCZ Reg No.		
	(f) Residential Address		
	(g) Phone No		
	(h) Email Address		
	(vi) Appointment letter for the Coordinator		
	(vii) Curriculum Vitae of the Coordinator		
PART C (STAFF ESTABLISHMENT AND FACULTY)			
(a)	No. of Teaching staff on the establishment		
(b)	No of the Teaching Staff Available		
(c)	No. Teaching staff on full time		
(d)	No. of Teaching Staff on Part Time		

PART D (BOARD OF DIRECTORS)				
No.	Name	Nationality	NRC No.	% of Shares
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				

PART E (ATTACHMENTS)

4	Tick the copies of the documents that have been attached to the application	Photocopy of hospital licence from HPCZ for the training institution	
		Photocopy of facility licence from HPCZ for the outreach rotational sites where applicable	
		Photocopy of National Registration Card(s) or Passport(s) of Teaching Staff	
		Copies of registration and practicing certificates for all teaching staff who are health practitioners	
		MOU with outreach rotational sites where applicable	
		Copies of registration and practicing certificates for all the consultants	
		copy of proof of ownership of premises or if premises are leased, copy of tenancy agreement	
		Appointment letters for all the teaching staff	
		Contracts for all the teaching staff	
		Valid Practicing certificates for teaching staff who are health practitioners	

I do solemnly declare that the information provided in this form is correct and true

Applicant's signature Designation Date

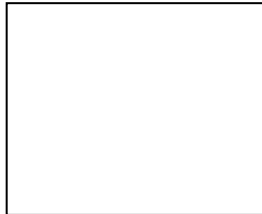
FOR OFFICIAL USE ONLY

Accounts Department

Payment Received by: _____
Name Officer Designation Signature Date

Date Received _____ Amount Received _____

STAMP



Receipt No: _____

.....
Receiving of Application

Application Received by: _____
Name Officer Designation Signature Date

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