

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 A TRAINING PROGRAMME | | | |
|---|---|---|--|
| <i>Information Required</i> | <i>Information Provided</i> | ✓ | |
| 1 | (a) Name of the Training Institution | | |
| | (b) Level of a training Institution (University/College) | | |
| | (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. | | |
| PART B (PARTICULARS OF THE TRAINING PROGRAMME) | | | |
| 2 | (a) Name of the Training Programme | | |
| | (b) Level of the Training Programme | | |
| | (c) Duration of the Training Programme | | |
| | (d) Curriculum for the Training Programme | | |
| PART C (PARTICULARS OF THE DEAN/PRINCIPAL) | | | |
| (e) Name of the Dean/ Principal | | | |
| (f) Profession of the Dean | | | |
| (g) Nationality | | | |
| (h) NRC | | | |
| (i) HPCZ Reg No. | | | |
| (j) Residential Address | | | |
| (k) Phone No | | | |

| | | | | | |
|----------|---|--|-------------|---------|-------------|
| | (l) Email Address | | | | |
| | (m) Appointment letter for the Dean | | | | |
| | (n) Curriculum Vitae of the Dean | | | | |
| | PART C (PARTICULARS OF THE COORDINATOR) | | | | |
| | (o) Name of the Coordinator | | | | |
| | (p) Profession of the Coordinator | | | | |
| | (q) Nationality | | | | |
| | (r) NRC | | | | |
| | (s) HPCZ Reg No. | | | | |
| | (t) Residential Address | | | | |
| | (u) Phone No | | | | |
| | (v) Email Address | | | | |
| | (vi) Appointment letter for the Coordinator | | | | |
| | (vii) Curriculum Vitae of the Coordinator | | | | |
| | PART C (STAFF ESTABLISHMENT AND FACULTY) | | | | |
| 3 | (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 | | | | |
| 4 | PART D (BOARD OF DIRECTORS) | | | | |
| | No. | Name | Nationality | NRC No. | % of Shares |
| | (e) | | | | |
| | (f) | | | | |
| | (g) | | | | |
| | (h) | | | | |
| | (i) | | | | |
| | (j) | | | | |
| | PART E (ATTACHMENTS) | | | | |
| 4 | Tick the copies of the documents that have been attached to the application | Photocopy of the registration certificate with registrar of companies/ societies | | | |
| | | Photocopy of ZRA Tax registration certificate | | | |

