



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			

