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 SPECIALTY TRAINING PROGRAMME			
	Information Required	*Information Provided*	✓
1	(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 SPECIALTY TRAINING PROGRAMME)**		
	(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 A STP HEAD OF TRAINING)		

(a) Name of the STP Head of Training		
(b) Profession of the STP Head of Training		
(c) Nationality		
(d) NRC		
(e) HPCZ Reg No.		
(f) Residential Address		
(g) Phone No		
(h) Email Address		
(i) Appointment letter STP Head of Training		
(j) Curriculum Vitae of STP Head of Training		
PART C (PARTICULARS OF THE STP 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 rotational sites			
			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 rotational sites			
			Copies of registration and practicing certificates for all teaching staff who are health practitioners			
			copy of proof of ownership of premises or if premises are leased, copy of tenancy agreement			
			MOU or signed contract with sponsor(s)			
			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

……

Health Professions Council of Zambia

DETAILED INFORMATION ON THE TEACHING STAFF

No	Name	Qualification	STP Rotational Area or Department	HPCZ Reg No	Status FT/PT