



THE HEALTH PROFESSIONS COUNCIL OF ZAMBIA
The Health Professions Act, 2009
(Act No. 24 of 2009)
The Health Professions (General) Regulations, 2012

APPLICATION FOR RENEWAL 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/None- 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			

	Photocopy of National Registration Card(s) or Passport(s) of Proprietor(s)	
	Photocopy of Business Permit from local authority	
	Photocopy of Fire Certificate from local authority	
	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 companies disposing medical waste	
	Copy of the Renewal fee receipt	
	Certificate from Higher Education Authority (Universities)	
	Copy of the assessment fee receipt	
	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: _____

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