



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 HEALTH FACILITY LICENCE				
PART A (PARTICULARS OF THE APPLICANT)				
<i>Information Required</i>	<i>Information Provided</i>		✓	
1	(a) Name of Applicant			
	(b) Nationality			
	(c) Identity Card No.			
	(d) Phone No.			
	(e) Email			
	(f) Residential Physical Address			
	(g) Employment Physical Address			
PART B (PARTICULARS OF THE HEALTH FACILITIES)				
2	(a) Name of Facility			
	(b) Licence No.	(c) Class		
	(d) Owners Name, Nationality and Shares (Please attach copies of PACRA Companies form 2 or 3 & Shareholder NRCs or Passports) where applicable	S/n	Name	Nationality
		I		
		Ii		
		Iii		
		Iv		
		V		
	(e) Physical Address			
	(f) Postal Address			
(g) Phone No.				
(h) Mobile No.				
(i) Email Address				

PART C (SUPERVISING PRACTITIONERS)				
3	(a) Name			
	(b) Nationality		(c) NRC/Passport No.	
	(d) Profession			
	(e) HPCZ Registration No.			
	(f) Work Place Address			
	(g) Residential Address			
	(h) Phone No			
	(i) Email Address			
4	PART D (ATTACHMENTS)			
	Tick the copies of the documents that have been attached to the application	Photocopy of Business Permit from local authority		
		Photocopy of Fire Certificate from local authority		
		Copies of registration and practicing certificates for all health practitioners that are expected to be working at the facility in the year the renewal is being applied for (including nurses)		
		Filled in form for annual staff returns		
		Copy of proof of payment for the renewal fees		
5	PART E (SCOPE OF SERVICES)			
6	Indicate services intended to be provided at the facility	Please refer to appendix I		
	PART F (APPLICABLE FEES)			
7	Fee Schedule	Please refer to appendix II		
	PART G (STAFFING)			
8	Provide a complete list of all staff	Please refer to appendix III		
	<p>8 Have any of the health practitioners and nurses who will be working at the facility ever been found guilty of professional misconduct, or been convicted of an offence involving fraud or dishonesty or of any offence under the Health Professions Act, 2009, or any other law within or outside Zambia?</p> <p>If yes, specify details:.....</p> <p>Nature of offence:.....</p> <p>Date of Conviction:.....</p> <p>Sentence:.....</p>			

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

Applicant's signature

Designation

Date

FOR OFFICIAL USE ONLY

APPENDIX I: SCOPE OF SERVICES

Facility Name _____ **District:** _____ **Class** _____

Categories	Services					
Outpatient services	Consultations		Under-5		Natural family planning	Dispensary
	Postnatal		Antenatal		Natural family–short term	Bulk Store
	PMTCT		VCT		Natural family-long term	
Accreditation	ART services		MC services		Laboratory services	
Supportive services	Laundry		Mortuary		Nutrition	Medical Social
	Ambulances		Emergency		Casualty unit	Filter unit
In-patient (Ward)	Maternity		Female ward-Gen		Male surgical	Paeds- Surgical
	Neonatal		Male ward-Gen		Male Medical	Paeds- Medical
	Gynae wards		Paeds ward-Gen		Female Medical	Psychiatric – Male
	ICU unit		Isolation – Male		Female surgical	Psychiatric – Female
	High cost		Isolation- Female			
Specialized clinics	Neurology		Cardiology		Nephrology	Orthopedic
	Oncology		Psychiatry		Dialysis clinic	ENT
Ophthalmic Services	Consultation		Cataract surgery		Visual fields	Glaucoma surgery
	Refraction		Laser surgery		Optic Workshop	Destructive procedure
	Minor Surgeries		Squint surgery		Orbital surgeries	Optical dispensary
Men’s & women’s health	Gynae clinic		Fertility clinic		Men’s clinic	Cervix cancer screening
	Obstetric clinic		IVF		IVF Lab	Breast Cancer screening
Occupation Health	Audiometry		Visual Test		Physical Exercise	Counselling services
Rehabilitation & Physiotherapy	General Physiotherapy		Occupation therapy		Orthotics	Prosthetic
	Pediatic Physiotherapy		Speech rehabilitation		Outdoor therapy	
	Electrotherapy		Learning support			
Occupation clinic	Visual test services		Audiometry services			
Dental Services	Dental Consultation		Maxillofacial surgery		Endodontics- root canal opening	
	Extractions- Normal		Wiring and splinting		Endodontics- root canal Dressing	
	Extractions- Complex		Incision & Drainage		Endodontics- root canal Filling	
	Dental X-ray		Dressings		Periodontics-scaling/polishing	
	Restorative dentistry- Glass Ionomer			Restorative dentistry- Prosthetics (Dentures)		
	Restorative dentistry- Miracale Mix			Restorative dentistry- Crown & Bridge works		
	Restorative dentistry- Composite			Restorative dentistry- Orthodontics (Braces)		
Radiological services	X-ray unit		Ultrasound		MRI	Endoscopy
	Dental X-ray		Mammogram		CT Scan	Barium studies
Simple Lab Tests	RDT-Malaria		Urinalysis		Pregnancy	
	RPR		Blood sugar		Heamoque	
	Other serological tests (Specify).....					
Standard Lab services	Phlebotomy		Malaria microscopy		CD4 testing	Full Blood Count
	Peripheral smear		TB- Microscopic		Sickling test	Clinical Chemistry
	Erythrocyte Sedimentation Rate		Grouping and Cross match		Blood Transfusion	
	Sodium metabisulfite- Sickle cell		Stool routine microscopy		CSF Examination	
	Microscopy Culture & sensitivity		Urine routine microscopy		Semen Analysis	
Advanced Laboratory services	HIV drug resistance testing			HB electrophoresis		HIV Viral load
	Hormonal profiling- fertility diagnosis			Histopathology		Thyroid studies
	Paternity Studies (DNA testing)			Forensic studies		HIV DNA PCR
	Advanced Chemistry					

Verified by: _____
 Name Officer (Facility Staff)
 Designation
 Signature
 Date

Clinic or Hospital STAMP



APPENDIX II (FEE SCHEDULE)

(a) Annual Retention Fees – Private Health Facilities

	Zambian	Non Zambia
Class A	K 22,250.00	K 31,145.00
Class B	K 20,335.00	K 28,465.00
Class C	K 8,690.00	K 12,955.00
Class D	K 8,690.00	K 12,955.00
Class E	K 8,690.00	K 12,955.00
Mobile health facilities (Air, water & Road)	K 4,450.00	K 6,225.00

(b) Annual Retention Fees – Public Health Facilities

	Zambian	Non Zambia
Class A & B	K 980.00	n/a
Class C, D & E	K 500.00	n/a
Mobile health facilities (Air, water & Road)	K 60.00	n/a

(c) Accreditation Fees (Full or Provisional) – Private Health Facilities

	Zambian	Non Zambia
Class A & B	K 2,975.00	K 3,900.00
Class C, D & E	K 980.00	K 1,250.00

(d) Accreditation Fees (Full or Provisional) – Public Health Facilities

	Zambian	Non Zambia
Class A & B	K 980.00	n/a
Class C, D & E	K 500.00	n/a

(e) Mandatory Ethical and Clinical Guidelines

(Optional if facility already has)

Patients Right Charter - English	K 50.00	Professional Code of ethics- GNC	-
Patients Right Charter - Local Language	K 50.00	Standard Treatment Guidelines	-
Professional Code of ethics- HPCZ	K 50.00	Zambia National Formulary	
Confidentiality guidelines	K 50.00	British National Formulary – Adults	
Patient consenting guidelines	K 50.00	British National Formulary - pediatrics	
Patient Record Guidelines	K 50.00	Standard Operating Procedures – specific for the scope of services	
Pervasive incentives guidelines	K 50.00		

