



Please affix firmly a recent Passport -size Color photograph of yourself here

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive ,Rhodespark
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241 Fax: +260 211 239317
Email: hpcz@iconnect.zm Website:www.hpcz.org.zm

APPLICATION FOR LIMITED REGISTRATION AS A HEALTH PRACTITIONER

Surname:.....Fore name(s).....
Profession:.....Gender..... date of birth.....
NRC/ Passport No.Nationality:..... : Tel/Mobile:.....
Postal Address:
Physical address: Email address:.....
Name of training institution.....
Duration of training: From..... To.....
I.....do solemnly declare as follows:

- a) That the information provided in this form is correct and true
b) That I have never been debarred from practising my profession on the ground of professional misconduct;
c) That my name has never been removed from the register kept in accordance with the laws of any country in I have practiced my profession; and
d) No inquiry is pending which may result in the action referred to in paragraphs (b) and (c); and I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20before
me.....

Commissioner of Oaths/Notary Public

Limited Registration (certificate is valid up to six months)

Eligible to a person whose qualification was obtained outside Zambia.

Appendices:

- 1. Requirements for Limited Registration of health practitioners in Zambia are as follows;
2. Completed HPCZ Limited registration application form
3. Certified declaration by the Commissioner of oaths/Notary Public
4. Letter of invitation/offer of employment from prospective employer in Zambia
5. Proof of Registration from the Country of Origin or Country the practitioner Last Practiced
6. Certificate of Status (Good standing) from country the practitioner last Practiced
7. Certificate of competence in English from British Council if applicant is from non-English speaking country
8. Photocopies of professional primary qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing his/her country in Zambia.
9. Completed Privilege-to-Supervise-Form if applicant is going to work in a private health establishment registered by Health Professions Council of Zambia
10. One passport size photograph (white background-observe formal dressing).
11. Certified Copy of Passport

Form I

- 12. Medical examination report
- 13. Proof of payment (Registration fee)

NOTE: All payments should be made at Zambia National Commercial Bank using a Bill Muster form or Barclays Bank Zambia, Mutaba Branch account number 16-6883911, Sort code 020016, Swift code BARCMLX. A receipt shall be issued upon presentation of proof of payment.

NOTE 2: An application for Limited registration should be made four (4) weeks prior to the visit.

For Official use:

Amount Paid Receipt No Signature Date