



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 TEMPORARY 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

Temporary Registration (certificate is valid up to two years)

Eligible to a person whose qualification was obtained outside Zambia.

Appendices:

Requirements for Temporary Registration of health practitioners trained from outside Zambia are as follows:

- 1. Completed HPCZ Temporary registration application form
2. Certified declaration by the Commissioner of oaths/Notary Public
3. Letter of offer of employment from prospective employer
4. Proof of Registration from the Country of Origin or Country the practitioner Last Practiced
5. Certificate of Status (Good Standing) from country the practitioner last practiced
6. Certificate of competence in English from the British Council-Zambia if applicant is from non-English speaking country.
7. 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
Note: The originals of the primary qualifications to be physically shown to the Council at the time of registration
8. Completed Privilege-to-Supervise-Form form for those seeking employment in a registered private health facility
9. One passport size photograph (white background-observe formal dressing).
10. Certified Copy of NRC or Passport for non-Zambians.
11. Proof of passing the HPCZ Professional licensure examination.

Form I

- 12. Medical examination report from a government health facility in Zambia.
- 13. Proof of verification of professional qualification from Zambia Qualifications Authority.
- 14. 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.

For Official use:

Amount Paid Receipt No Signature Date