

# HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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**APPLICATION FOR THE PRIVILEGES TO SUPERVISE PERSONS ON  
TEMPORARY / PROVISIONAL REGISTERS**  
(Applicants must have been on the full register for a period of not less than one year)

## PART I

1. Surname of applicant: .....
2. Other names: .....
3. Postal Address: .....  
.....  
.....
4. Business Address: .....  
.....  
.....
5. Profession: .....
6. Date when fully registered: ..... HPCZ Full Reg. No .....

**PART II**

- 1. Surname of the person to be supervised: .....
- 2. Profession of the person to be supervised: .....
- 3. Name of the place where the supervision is to be carried out: .....  
.....
- 4. Number of hours of supervision:  
from: ..... to: .....
- 5. If part-time supervision (pharmacists only), state distance in kilometres from the place  
of business of the applicant to the place of business of the person to be supervised.  
.....  
.....

I hereby apply for the privilege to supervise and declare that the information given above  
is true and accurate to the best of my knowledge.

Date: ..... Signature: .....