Application form for Temporary Registration

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
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Email: info@hpcz.org.zm Website:www.hpcz.org.zm

APPLICATION FOR TEMPORARY REGISTRATION AS A HEALTH PRACTITIONER

(Temporal certificate is valid for two year and applicable to a person whose qualification was obtained)

Surname……..……Fore name(s)……

Profession…...…….Gender…… Date of birth……..

NRC No……..……. Passport No. (***ONLY if not in possession of NRC***)……

Nationality……. …….Tel/Mobile……

Physical Address…… Postal Address ……

Email address……

Name and Phone No. of Next of Kin……..

Training

Institution……

Duration of Training:……years, from……To……..……..……

I……..do solemnly declare as follows:

a) That the information provided in this form is correct and true
b) That the attatched documents are genuine
c) That I have never been debarred from practising my profession on the ground of professional misconduct;
d) That my name has never been removed from the register kept in accordance with the laws of any country in which I have practiced my profession; and
e) I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge.

……
Signature of the Applicant

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

me……

Commissioner of Oaths/Notary Public

Appendices:

a) Proof of Student Indexing (Index Number)
b) Certified copy of NRC or Passport for non-Zambians
c) Proof of Registration from the Country of Origin or Country the practitioner Last Practiced ***(not applicable for those who have not practiced)***
d) Certificate of Status (Good Standing) from country the practitioner last practiced ***(not applicable for those who have not practiced)***
e) Certificate of competence in English from the British Council-Zambia if applicant is from non-English speaking country
f) 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**
g) Completed Privilege-to-Supervise-Form form for those seeking employment in a registered private health facility
h) One passport size photograph (white background-observe formal dressing)

i) Proof of passing the assessment from a HPCZ approved Training institution in Zambia
j) Medical examination report from a government health facility in Zambia
k) Proof of verification of professional qualification from Zambia Qualifications Authority
l) Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

NOTE: ***All payments should be made at Zambia National Commercial Bank using a Bill Muster form or Stanbic Bank, Arcades Branch account number 9130002152316, Sort code 040010. A receipt shall be issued upon presentation of proof of payment***

For Official use:

Amount Paid……..Receipt No. ……..Signature …… Date stamp ……
(Accounts Unit)

Received By (Name)…….. Signature …….…….. Date…….
(Registry)

Reviewed By (Name)…….. Signature …… Date…….
(Registration Officer)

Verified By (Name)…….. Signature …… Date …….
(Senior Registration Officer)

Recommended By (Name)…….. Signature …… Date …….
(Assistant Registrar)

Approved By (Name)…….. Signature …… Date… …….
(Registrar)