



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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APPLICATION FOR CERTIFICATE OF GOOD STANDING

(Certificate of Good Standing is valid for 6 months and applicable to all practitioners on Full or Specialist Register)

PART 1 (FILLED BY APPLICANT)

Surname..... Forename(s)
Profession..... Gender Date of birth
NRC/Passport No. Nationality..... Tel/Mobile.....
Physical Address..... Postal Address
Email address.....
Employer's Address.....
I.....do solemnly declare as follows:

- a) That the information provided in this form is correct and true
b) That the attached 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 practised 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 20before
me.....

Commissioner of Oaths/Notary Public

Appendixes

- a) (A recommendation by the head of the institution (Head of the department) at the institution where the applicant last practised (in section B below)
b) Copy of full or specialist registration certificate
c) Copy of valid annual practising certificate
d) Proof of payment of a non-refundable fee
e) Supporting document indicating that the certificate of good standing is required or being requested

Notes

- a) Practitioners with cases in progress or pending with the disciplinary committee of the Health Professions Council of Zambia are not entitled to receive a certificate of good standing
b) Practitioner in annual fees arrears or with bad annual fees payment records will not be issued with a certificate of good standing
c) Practitioners must be on full or specialist register
d) Practitioners that need a certificate of good standing. For the purpose of gaining admission to a training institution or registration with other registration bodies should furnish necessary supporting documents in completion wherewith, or names of persons in-charge and addresses of such universities, training Institutions or registration bodies in lieu thereof

PART B (To be completed by the head of the Institution where the applicant is based)

I Prof/Dr/Mr/Ms (Full Name)

(Indicate Full Names as they appear in the Register)

ProfessionHPCZ Registration No.....

Positionat (Institution) of

P.O. Box..... Phone (Mobile).....

Email..... Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with the said Prof/Dr/Mr/Ms

.....HPCZ Reg. No.....

For the past.....years; and further declare that during this time he/she: -

(i) Has been engaged in practice.

(ii) Has conducted himself/herself well socially and in a responsible manner.

(iii) His/Her character and conduct have been

(iv) Reasons for certificate of status.....

signature.....



Official Stamp

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)