



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot No. 6640 Mberere Road, Olympia Park

P.O. BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241 Fax: +260 211 239317

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

APPLICATION FOR PROVISIONAL REGISTRATION AS A HEALTH PRACTITIONER

(Provisional certificate is valid for one year six months for Diploma/certificate holders and two years for Degree holders and applicable to a person whose qualification was obtained in Zambia from a training institution recognised by the Council)

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 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 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 20before
me.....

Commissioner of Oaths/Notary Public

Appendices:

- a) Certified copies of applicable academic transcripts and professional qualifications
b) Certified copy of the Grade 12 certificate or its equivalent (Equivalent certificates must be equated to the Zambian system)
c) Proof of Student Indexing (Index Number).
d) Medical examination report from a class A or B licenced health facility in Zambia
e) One passport size photograph (colour photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)
g) Certified copy of NRC or Passport for non-Zambians.
h) Completed Privilege-to-Supervise-Form form for those seeking employment in a registered private health facility.
i) 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)