

## Appendix 11: Application form for Certificate of status Form VIII



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

### HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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Mobile: 0770023624

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### APPLICATION FOR CERTIFICATE OF STATUS

(Certificate of status is valid for 6 months and applicable to all practitioners on provisional, temporary, and limited registration)

Surname..... Forename(s) .....

Profession..... Sex ..... Date of birth .....

NRC/Passport No. .... Nationality..... Tel/Mobile.....

Physical Address..... Postal Address .....

Email address.....

Employer's Address.....

I.....do solemnly declare as follows:

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- 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
- 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**

### Appendixes

- Copy of valid registration certificate
- Copy of valid annual Practicing certificate
- Proof of payment of a non-refundable fee
- One passport size photograph with white background (Observe formal dressing)

## 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 status.
- b) Practitioners in annual fees arrears or with bad annual certificate renewal records will not be issued with a certificate of status.
- c) Practitioners must possess a valid provisional, temporary, or limited registration certificate.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

**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 .....  
**(Manager Registration)**

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