

**Application form for Extract from the Register
Form XIV**



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
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APPLICATION FOR EXTRACT FROM THE REGISTER OF HEALTH PRACTITIONERS

Surname.....Forename(s).....Profession.....
Gender.....Date of birth.....
NRC/Passport No.....
Nationality.....Tel/Mobile.....
Postal Address.....
Email address.....

Name of Institution.....

An extract from the ☐ Specialist ☐ Full ☐ Provisional ☐ Temporary
☐ Limited Register is requested. (Tick the applicable register/s)

Name or type of practitioner data to be extracted e.g Clinical officers general, Audiologists, Osteopaths

From (state period*: month/year) to

Reasons for extracting information from register.....

I consent that the information requested will be used entirely for the stated purpose and any unauthorized disclosure of this extracted information shall render me liable for prosecution by HPCZ.

Applicant signature.....Date.....

FOR OFFICIAL USE ONLY

Registrar's comment.....

Signature.....Date.....

***NOTE: Practitioner data from 2010 to date only can be extracted from the register**