

Appendix 8: Application form for Full Registration

Form V



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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

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

APPLICATION FOR FULL REGISTRATION AS A HEALTH PRACTITIONER

(Full Registration is permanent, subject to review after 10 years. Full registration is applicable to all practitioners on provisional and temporary registers who have successfully completed their practice under supervision)

Surname.....Fore name(s).....

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

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

Physical Address..... Postal Address

Email address.....

Employer's Address

Period of practice..... State months/years worked

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 practiced 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

Appendices:

- Duly completed HPCZ full registration application form
- Certified declaration by a Commissioner for Oaths/Notary Public
- Duly completed assessment form by a registered supervisor of the same profession or a Medical Doctor.
- Recommendation letter from the head of the institution.
- Proof of completion of internship for Medical Doctors, Medical Licentiate Practitioners, and Dental Surgeons
- For Pharmacists, full registration shall be subject to attaining of CPD points from a CPD provider which shall be determined by the Council from time to time.
- One passport size photograph (white background-observe formal dressing)

- h) Certified copy of Professional Qualification (s)
- i) Certified copy of previous HPCZ Registration certificate (Provisional/Temporary)
- j) Must have worked for a period of **not less than 12 Months** for those professions that do not undergo internship
- k) Must have worked for a period of not less than **24 Months** and not more than **48 Months** for professions that are required to undergo internship.

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejection.

** A Health Practitioner who holds a Provisional or Temporary Registration Certificate and is eligible for full Registration must ensure that he/she applies for registration one month before expiry date.*

<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*
(Regional Manager)

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