

Application form for HPCZ Registration

Form 1



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
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 REGISTRATION WITH HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Surname.....Forename(s).....
Gender: female () Male () Date of birth/...../..... Nationality.....
NRC No.Passport No. (**ONLY if not in possession of NRC**).....
Physical address.....
Postal address.....
Tel/Mobile.....
Email address.....
Name and address of employer.....
Profession of applicant.....

I hereby apply for Provisional/Temporary/Full registration/Specialist with the Health Professions Council of Zambia

.....
Signature of the Applicant

.....
DATE

The fee for registration is

NB: This form must be duly completed by **ALL** practitioners who were registered under the Medical Council and Allied Professions Act Cap 297 of the Laws of Zambia only.

The practitioner **MUST** surrender the Provisional/Temporary/Full/Specialist Registration Certificate issued under the Medical Council and Allied Professions Act Cap 297 of the Laws of Zambia

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

For Official use:

Amount Paid.....Receipt No.SignatureDate stamp
(Accounts Unit)

Reviewed By (Name).....Signature..... Date
(Registration Officer- Indexing)

Verified By (Name)..... Signature Date
(Senior Registration Officer)

Recommended By (Name)..... Signature Date
(Regional Manager)

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