

**Application form for Limited Registration  
Form IV**



*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 Mobile 0770023624 +260 972666069  
Email: [info@hpcz.org.zm](mailto:info@hpcz.org.zm) Website: [www.hpcz.org.zm](http://www.hpcz.org.zm)

**APPLICATION FOR LIMITED REGISTRATION AS A HEALTH PRACTITIONER**  
(Limited registration is valid for 6 months and applicable to all qualified Professionals from outside the country coming to practice in Zambia for a limited period of up to six months)

Surname..... Fore name(s).....  
Profession..... Sex..... Date of birth.....  
NRC/Passport No. .... 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.....  
**Name and Address of inviting Institution:** .....  
.....**Phone No.** .....

**Have you ever applied for a certificate of registration under the Health Professions Act, 2009?**

**If yes, please give details below:**

Certificate applied for:	Certificate No.	Location	Date of Application	Status of application (Granted, rejected or pending)*

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

- That the information provided in this form is correct and true
- That the attached documents are genuine

- c) That I have never been debarred from Practicing 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) No inquiry is pending which may result in the action referred to in paragraphs (c) and (d); and that 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:

- a) Duly completed HPCZ Limited registration application form
- b) Certified declaration by a Commissioner for Oaths/Notary Public
- c) Letter of invitation/offer of employment from a prospective employer in Zambia specifying the nature of activities to be carried out.
- d) Proof of Registration from the Country of Origin or Country the practitioner last practised.
- e) Certificate of Status (Good standing) from the country the practitioner last Practiced.
- f) Certified copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by a Commissioner for oaths/Notary Public or the embassy representing his/her country in Zambia
- g) Completed Privilege-to-Supervise-Form by an approved Supervisor.
- h) One passport size photograph (white background-observe formal dressing).
- i) Certified Copy of Passport
- j) Proof of payment of registration fee.
- k) Proof of payment for Professional Code of Ethics booklet.
- l) All academic and professional qualifications in foreign language should be translated to English by a recognised institution.

<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)