

### Appendix 3: Application for practitioner indexing

PRACTITIONER INDEX NO.....



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 +260 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 PRACTITIONER INDEXING

Surname.....Forename(s).....  
Sex: female ( ) Male ( ) Date of birth ...../...../..... Nationality.....  
NRC No. ....Passport No. (**ONLY if not in possession of NRC**).....  
Physical address.....  
Tel/Mobile.....  
Email address.....  
Name and Phone No. of Next of Kin or prospective Employer.....  
Qualification Level according to Zambia Qualifications Authority/ ECFMG ( ) Certificate ( ), Diploma ( ),  
Bachelor's Degree ( ) Masters Degree ( ) PhD ( )  
Programme(s) Pursued:.....  
Training Institution (s).....  
Profession of applicant.....  
Type of registration certificate previously held .....

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

a) That the information provided in this form is correct and true

b) That the attached documents are genuine and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....  
Signature of the Applicant

Declared at ..... this ..... day of ..... 20 .....

Before me.....

Commissioner of Oaths/Notary Public

## MANDATORY ATTACHMENTS:

Certified Professional Qualification (s)

Proof of payment of fees

Proof of a valid Certificate of Good Standing/ Certificate of Status and/or Practicing Certificate

Certified photocopy of the National Registration ID/ valid immigration and passport documents for non-Zambians

One passport size photograph with white background (Observe formal dress code strictly no veil)

Proof of registration from Country of origin or Country the practitioner last practiced.

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

FOR OFFICIAL USE
<b>(Accounts Department)</b>  <i>Amount Paid.....Receipt No. .... Signature ..... Date stamp</i>
<b>(Registration Department)</b>  <i>Reviewed and verified by (Name).....Signature..... Date.....</i>  <i>Approved By (Name).....Signature.....Date .....</i>

