

Application for Provisional Registration
Form II



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
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Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069
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APPLICATION FOR PROVISIONAL REGISTRATION AS A HEALTH PRACTITIONER

(Provisional certificate is valid for two years and applicable to a person whose qualification was obtained in Zambia from a training institution recognized by the Council)

Surname.....Fore name(s).....
Profession.....Sex..... Date of birth.....
NRC No..... Passport No. (*ONLY if not in possession of NRC*).....
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.....

DECLARATION

- 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
 - 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) 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) Copy of licensure examinations results transcript.
- b) Certified copies of academic transcripts and professional qualification from a recognised training institution.

- c) One passport size photograph (white background-observe formal dressing).
- d) Certified copy of National Registration Card (NRC) or Passport for non-Zambians.
- e) Certified declaration form by the Commissioner of oaths or Notary Public.

<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)

