

Appendix 16: Application for Re-registration/Restoration

Form XIII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
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APPLICATION FOR RE-REGISTRATION/RESTORATION AS A HEALTH PRACTITIONER

Section A: Practitioner's Particulars

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

Profession..... Gender..... Date of birth.....

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

Physical Address..... Postal Address.....

Email address.....

Name and Phone No. of Next of Kin.....

Section B: Removal from the register (Section 23 of the Act)

Date removed from the Register..... Register type

Reason for removal from the register or cancelation (Kindly tick (/) applicable answer)

Reason for removal

**Tick
(/)**

- a) the health practitioner is convicted of an offence under any law
- b) the Council has reasonable grounds to believe that the registration was obtained through fraud, misrepresentation or concealment of any material fact
- c) the certificate of registration or the Practicing certificate of the health practitioner is cancelled
- d) the health practitioner is found guilty of professional misconduct under the Act or the Code of Ethics;

- e) the health practitioner has ceased to be employed by, or to practice at, a health facility for which the registration was obtained
- f) the period for which the registration of the health practitioner was issued has lapsed; or
- g) since the registration, circumstances have arisen disqualifying the health practitioner from registration

Other reason:

Section C: Reason for restoration/re-registration (Section 24 of the Act)

Reason for applying for restoration or re-registration

**Tick
(/)**

- a) The deregistration was successfully reversed on appeal (*Attach certified copy of appeal judgement*)
- b) The health practitioner has completed the suspension period or met the condition for lifting of the suspension (*Attach certified copy of the documents that proves that the conditions have been met*)
- c) The cancellation was erroneously done (*Attach certified copy of documents that proofs that cancelation was done erroneously*)
- d) Circumstances have arisen that exonerate the health practitioner from the act or omission that led to the cancellation (*Attach certified copy of document that proofs the exoneration*)

Other reason.....

.....

I (insert name).....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) 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) Certified copy of the Notice of cancelation of registration certificate
- b) Supporting document for the restoration/re **(Refer to section C above)**
- c) A recommendation from a HPCZ fully registered peer in good standing
- d) One passport size photograph (color photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)
- e) Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Zambia National Commercial Bank	Account no 1808893000143	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010
ABSA		

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
(Manager Registration)

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