

Application for Specialist Registration

Form VI



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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APPLICATION FOR SPECIALIST REGISTRATION AS A HEALTH PRACTITIONER

(Specialist Registration certificate is valid for life and applicable to a person who is on Full Register and has obtained a postgraduate qualification(s) in a field relevant to the primary qualification)

Surname..... Forename(s).....

Sex..... Date of birth..... NRC/Passport No.

Nationality..... Tel/Mobile..... Email address.....

Employer Name & Address.....

Primary Profession.....

Speciality.....

Subspecialty *(if applicable)*

Superspecialty *(if applicable)*

Training Institution (s).....

Duration of Training:years, from to

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- That my name has never been removed from the register kept in accordance with the laws of any country in which I have practised my profession; and
- 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:

- Duly signed application form
- Duly completed assessment form by an approved supervisor.

- c) Duly completed HPCZ application form for specialist registration and signed by a Commissioner for Oaths appropriately.
- d) Recommendation letters from the Head of the Institution or Professional Association and from a specialist of the same speciality or proxy.
- e) Certified copies of Full Registration Certificate and current Annual Practicing Certificate
- f) A detailed curriculum vitae
- g) One passport size photograph with white background (Observe formal dress).
- h) Certified copy of the National Registration Card or Passport for foreign nationals.
- i) Certified copies of academic certificate of primary and postgraduate qualifications from a recognised training institution.
- j) Validated and verified qualifications by Zambia Qualifications Authority (ZAQA) or Education Commission for Foreign Medical Graduates (ECFMG). (For foreign trained specialists).

For applicants registered as specialists by another regulatory board and wish to apply for direct registration, the following additional requirements shall apply:

- k) Certificate of good standing from the country of origin or country last practiced.
- l) Proof of specialist registration from the country of origin or country last practiced.
- m) Certified copy of certificate of competency in English Language (for non-English speaking countries).

<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)