



**THE HEALTH PROFESSIONS COUNCIL OF ZAMBIA
(Act No. 24 of 2009)
The Health Professions (General) Regulations, 2012**

APPLICATION FOR ACCREDITATION OF HEALTH SERVICES

**(Section 54 of the Health Professions Act No. 24 of 2009)
PART A (PARTICULARS OF THE APPLICANT)**

	Information Required	Information Provided	✓	
1	(a) Name of Applicant (Nationality of the facility)			
	(b) Physical Address			
	(c) Postal Address			
	(d) Nationality			
	(a) Phone No.			
	(b) Mobile No.			
	(c) Email Address			
2	PART B (PARTICULARS OF THE HEALTH FACILITY)			
3	(a) Name of Facility			
	(b) Licence No.			
	(c) Class of the Health Facility			
4	Type of service being applied for			
	PART C DETAILS OF THE CLINICAL TEAM			
	Name	Profession	Reg No	
6	PART D (APPLICABLE FEES)			
	Fee Schedule	Please refer to appendix II		

I do solemnly declare that the information provided in this form is correct and true

Applicant 's signature

Designation

Date

FOR OFFICIAL USE ONLY

Accounts Department

Payment Received by:

Name Officer

Designation

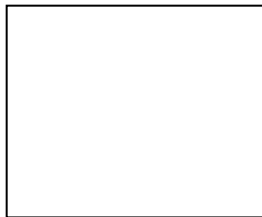
Signature

Date

Amount Received _____

Receipt No: _____

STAMP



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Receiving of Application

Application Received by:

Name Officer

Designation

Signature

Date

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