



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

APPLICATION FOR LICENCE TO OPERATE A HEALTH FACILITY

**PART A (PARTICULARS OF THE APPLICANT)**

	Information Required	Information Provided	✓
<b>1</b>	(a) Name of Applicant		
	(b) Nationality		
	(c) Identity Card No.		
	(d) Phone No.		
	(e) Email		
	(f) Residential Physical Address		
	(g) Employment Physical Address		

**PART B (PARTICULARS OF THE HEALTH FACILITIES)**

<b>2</b>	<b>PART B (PARTICULARS OF THE HEALTH FACILITIES)</b>					
	(a) Name of Facility					
	(b) Class applied for					
	(c) Owners Name, Nationality and Shares (Please attach copies of PACRA Companies form 2 or 3 & Shareholder NRCs or Passports)	S/n	Name	Nationality	Share	
		I				
		Ii				
		Iii				
		Iv				
	(d) Physical Address					
	(e) Postal Address					
(f) Phone No.						
(g) Mobile No.						
(h) Email Address						

PART C (SUPERVISING PRACTITIONERS)			
3	(a) Name		
	(b) Nationality		(c) NRC/Passport No.
	(d) Profession		
	(e) HPCZ Registration No.		
	(f) Work Place Address		
	(g) Residential Address		
	(h) Phone No		
	(i) Email Address		
PART D (ATTACHMENTS)			
4	Tick the copies of the documents that have been attached to the application	Photocopy of the registration certificate with registrar of companies/ societies (e.g. Business Name Registration, Companies form 2 or 3 & Certificate of Incorporation)	
		Photocopy of ZRA Tax registration certificate	
		Photocopy of National Registration Card(s) or Passport(s) of Proprietor(s)	
		Photocopy of Business Permit from local authority	
		Photocopy of Fire Certificate from local authority	
		Copies of registration and practicing certificates for all health practitioners intending to work at the facility including nurses	
		Copy of proof of ownership of premises or if premises are leased, copy of tenancy agreement	
		Environmental Impact Assessment (Only applicable to newly built facilities)	
		Copy of proof of payment for application, inspection <i>(Licensing fees should be paid once the facility meets the requirements)</i>	
		MOU or signed contract with companies disposing medical waste- <i>Only applicable for facilities with no approved incinerator</i>	
		Letter from the supervising health practitioner	
5	PART E (SCOPE OF SERVICES)		
	Indicate services intended to be provided at the health facility	Please refer to appendix I	
6	PART F (APPLICABLE FEES)		
	Fee Schedule	Please refer to appendix II	



**INSPECTION OF THE FACILITY**

Tick appropriately					
Public	Clinic	Urban Health Centre		Rural Health Centre	Health Post
	Hospital	Level 3		Level 2	Level 1
Private	Zambian	Clinic			
		Hospital			
	Non Zambia	Clinic			
		Hospital			

Inspectors Comments \_\_\_\_\_

*Please attach inspection report*

Inspector's Name: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

**RECOMMENDATION**

I have reviewed and verified the following

- i. The completeness of the application for licencing Class \_\_\_\_\_ Facility,
- ii. Inspection report
- iii. Payments
- iv. Attachments

Comments \_\_\_\_\_

and I hereby recommend that the:

- a) The facility be licenced pursuant to **Section 38**
- b) The application be rejected pursuant to **Section 39 (a, b, c or d)**


Assistance Registrar \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Inspections & Accreditations

**APPROVAL**

I hereby approve that:

- a) The facility be licenced pursuant to **Section 38**
- b) The application be rejected pursuant to **Section 39 (a, b, c or d)**  
 (If application is being rejected, issue notice of rejection pursuant to **Regulation 19 (3)**)


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 Registrar

## APPENDIX I: SCOPE OF SERVICES

**Facility Name** \_\_\_\_\_ **District:** \_\_\_\_\_ **Class** \_\_\_\_\_

Categories	Services					
Outpatient services	Consultations		Under-5		Natural family planning	Dispensary
	Postnatal		Antenatal		Natural family–short term	Bulk Store
	PMTCT		VCT		Natural family-long term	
Accreditation	ART services		MC services		Laboratory services	
Supportive services	Laundry		Mortuary		Nutrition	Medical Social
	Ambulances		Emergency		Casualty unit	Filter unit
In-patient (Ward)	Maternity		Female ward-Gen		Male surgical	Paeds- Surgical
	Neonatal		Male ward-Gen		Male Medical	Paeds- Medical
	Gynae wards		Paeds ward-Gen		Female Medical	Psychiatric – Male
	ICU unit		Isolation – Male		Female surgical	Psychiatric – Female
	High cost		Isolation- Female			
Specialized clinics	Neurology		Cardiology		Nephrology	Orthopedic
	Oncology		Psychiatry		Dialysis clinic	ENT
Ophthalmic Services	Consultation		Cataract surgery		Visual fields	Glaucoma surgery
	Refraction		Laser surgery		Optic Workshop	Destructive procedure
	Minor Surgeries		Squint surgery		Orbital surgeries	Optical dispensary
Men’s & women’s health	Gynae clinic		Fertility clinic		Men’s clinic	Cervix cancer screening
	Obstetric clinic		IVF		IVF Lab	Breast Cancer screening
Occupation Health	Audiometry		Visual Test		Physical Exercise	Counselling services
Rehabilitation & Physiotherapy	General Physiotherapy		Occupation therapy		Orthotics	Prosthetic
	Pediatic Physiotherapy		Speech rehabilitation		Outdoor therapy	
	Electrotherapy		Learning support			
Occupation clinic	Visual test services		Audiometry services			
Dental Services	Dental Consultation		Maxillofacial surgery		Endodontics- root canal opening	
	Extractions- Normal		Wiring and splinting		Endodontics- root canal Dressing	
	Extractions- Complex		Incision & Drainage		Endodontics- root canal Filling	
	Dental X-ray		Dressings		Periodontics-scaling/polishing	
	Restorative dentistry- Glass Ionomer			Restorative dentistry- Prosthetics (Dentures)		
	Restorative dentistry- Miracale Mix			Restorative dentistry- Crown & Bridge works		
	Restorative dentistry- Composite			Restorative dentistry- Orthodontics (Braces)		
Radiological services	X-ray unit		Ultrasound		MRI	Endoscopy
	Dental X-ray		Mammogram		CT Scan	Barium studies
Simple Lab Tests	RDT-Malaria		Urinalysis		Pregnancy	
	RPR		Blood sugar		Hemoque	
	Other serological tests (Specify).....					
Standard Lab services	Phlebotomy		Malaria microscopy		CD4 testing	Full Blood Count
	Peripheral smear		TB- Microscopic		Sickling test	Clinical Chemistry
	Erythrocyte Sedimentation Rate		Grouping and Cross match		Blood Transfusion	
	Sodium metabisulfite- Sickle cell		Stool routine microscopy		CSF Examination	
	Microscopy Culture & sensitivity		Urine routine microscopy		Semen Analysis	
Advanced Laboratory services	HIV drug resistance testing			HB electrophoresis		HIV Viral load
	Hormonal profiling- fertility diagnosis			Histopathology		Thyroid studies
	Paternity Studies (DNA testing)			Forensic studies		HIV DNA PCR
	Advanced Chemistry					

Verified by: \_\_\_\_\_  
 Name Officer (Facility Staff)     
 Designation     
 Signature     
 Date

Clinic or Hospital STAMP



## APPENDIX II (FEE SCHEDULE)

### (a) Application Fees - All facilities & services

Clinic	Zambian	Non Zambia
Class A to E & Mobile health facilities	K 450.00	K 450.00

### (b) Licensing Fees - Private Health Facilities

	Zambian	Non Zambia
Class A	K 25,930.00	K 36,505.00
Class B	K 24,015.00	K 33,825.00
Class C	K 10,640.00	K 15,904.00
Class D	K 10,640.00	K 15,904.00
Class E	K 10,640.00	K 15,904.00
Mobile health facilities (Air, water & Road)	K 5,560.00	K 7,785.00

### (c) Licensing Fees - Public Health Facilities

	Zambian	Non Zambia
Class A & B	K 980.00	n/a
Class C, D & E	K 500.00	n/a
Mobile health facilities (Air, water & Road)	K 120.00	n/a

### (d) Accreditation Fees (Full or Provisional) - Private Health Facilities

	Zambian	Non Zambia
Class A & B	K 2,975.00	K 3,900.00
Class C, D & E	K 980.00	K 1,250.00

### (e) Accreditation Fees (Full or Provisional) - Public Health Facilities

	Zambian	Non Zambia
Class A & B	K 980.00	n/a
Class C, D & E	K 500.00	n/a

### (f) Mandatory Ethical and Clinical Guidelines

Patients Right Charter - English	K 50.00	Professional Code of ethics- GNC	-
Patients Right Charter - Local Language	K 50.00	Standard Treatment Guidelines	-
Professional Code of ethics- HPCZ	K 50.00	Zambia National Formulary	
Confidentiality guidelines	K 50.00	British National Formulary - Adults	
Patient consenting guidelines	K 50.00	British National Formulary - pediatrics	
Patient Record Guidelines	K 50.00	Standard Operating Procedures - specific for the scope of services	
Pervasive incentives guidelines	K 50.00		

### APPENDIX III (POLICIES AND SOPs)

Standard	Details
Governance & Leadership	Organization structure
	Scope of services
	Template of contracts for staff
	Template for Appraisal of staff
	Clinical supervision system
	Disciplinary procedures
Safety measures	Infection Control procedures <ul style="list-style-type: none"> <li>• Sanitation</li> <li>• Protective equipment</li> <li>• Waste management</li> <li>• General surroundings management</li> <li>• Post Exposure Prophylaxis</li> </ul>
	Medicine Management Procedure <ul style="list-style-type: none"> <li>• Storage Procedures</li> <li>• Inventory management</li> <li>• Management of Expired Medicines</li> <li>• Prescription Guidelines</li> <li>• Management of controlled medicines</li> </ul>
	Clinical Management <ul style="list-style-type: none"> <li>• Availability of Clinical Guidelines</li> <li>• Management of patient conditions</li> </ul>
Patients records	Patients records management <ul style="list-style-type: none"> <li>• Filing system</li> <li>• Patient information management</li> <li>• Confidentiality</li> <li>• Security of patient records</li> </ul>
Service specific procedures	Laboratory procedures & policies
	Blood transfusion services procedures & policies
	Surgical Services (Theatre) procedures & policies
	Emergency care (ICU) procedures & policies
	Dental Services procedures & policies
	Optical and ophthalmic care services
	Rehabilitation (Physiotherapy) procedures & policies
	Radiology services procedures & policies
Medical social work procedures & policies	





**APPENDIX V (Conditions for Health Facilities)**



Facility Name.....

District.....

Ownership .....

Class.....

**CONDITIONS OF THE HEALTH FACILITY LICENCE.**

1. The Licence is not transferable to another health facility, person or persons
2. The Licence for the following year must be renewed before 31st December of the preceding year.
3. The health facility should comply with all the requirements set for health facilities.
4. Health Professions Council of Zambia should be informed in writing before the health facility is relocated to new premises.
5. Health Professions Council of Zambia should be informed in writing before the facility changes its name.
6. Health Professions Council of Zambia should be informed in writing when the ownership of the facility has changed.
7. The Licence is only applicable to the physical address indicated on the Certificate
8. The health facility shall not introduce new health services without the approval of the Council.

**Commitment to Comply:**

Name.....

Position.....

Sign .....

Date.....