

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

APPLICATION FOR RENEWAL OF A TRAINING PROGRAMME			
	<i>Information Required</i>	<i>Information Provided</i>	✓
1	(a) Name of the Training Institution		
	(b) Level of a training Institution (University/College)		
	(c) Nationality (Zambian/None- Zambian)		
	(d) Ownership (Private/ Public)		
	(e) Physical Address		
	(f) Postal Address		
	(g) District		
	(h) Province		
	(i) Phone No.		
	(j) Email		
	(k) Fax No.		
PART B (PARTICULARS OF THE TRAINING PROGRAMME)			
2	(a) Name of the Training Programme		
	(b) Level of the Training Programme		
	(c) Duration of the Training Programme		
	(d) Curriculum for the Training Programme		
PART C (PARTICULARS OF THE DEAN/PRINCIPAL)			
(e) Name of the Dean/ Principal			
(f) Profession of the Dean			
(g) Nationality			
(h) NRC			
(i) HPCZ Reg No.			
(j) Residential Address			

	(k) Phone No					
	(l) Email Address					
	(m) Appointment letter for the Dean					
	(n) Curriculum Vitae of the Dean					
PART C (PARTICULARS OF THE COORDINATOR)						
	(o) Name of the Coordinator					
	(p) Profession of the Coordinator					
	(q) Nationality					
	(r) NRC					
	(s) HPCZ Reg No.					
	(t) Residential Address					
	(u) Phone No					
	(v) Email Address					
	(vi) Appointment letter for the Coordinator					
	(vii) Curriculum Vitae of the Coordinator					
PART C (STAFF ESTABLISHMENT AND FACULTY)						
3	(a) No. of Teaching staff on the establishment					
	(b) No of the Teaching Staff Available					
	(c) No. Teaching staff on full time					
	(d) No. of Teaching Staff on Part Time					
4	PART D (BOARD OF DIRECTORS)					
	No.	Name	Nationality	NRC No.	% of Shares	
	(e)					
	(f)					
	(g)					
	(h)					
	(i)					
	(j)					
	PART E (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			

		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 teaching staff who are health practitioners	
		copy of proof of ownership of premises or if premises are leased, copy of tenancy agreement	
		MOU or signed contract with companies disposing medical waste	
		Copy of the Renewal fee receipt	
		Certificate from Higher Education Authority (Universities)	
		Copy of the assessment fee receipt	
		Appointment letters for all the teaching staff	
		Contracts for all the teaching staff	
		Valid Practicing certificates for teaching staff who are health practitioners	

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

Applicant's signature Designation Date

FOR OFFICIAL USE ONLY

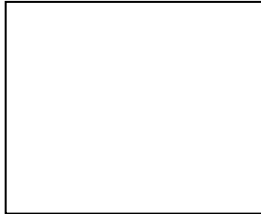
Accounts Department

Payment Received by: _____

Name Officer Designation Signature Date

Date Received _____ Amount Received _____

STAMP



Receipt No: _____

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.....
Receiving of Application

Application Received by: _____
_____ Name Officer Designation Signature Date

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DETAILED INFORMATION ON THE TEACHING STAFF

No	Name	Qualification	Subjects to Teach	HPCZ/GNC Reg No	Status FT/PT

