

## THE HEALTH PROFESSIONS COUNCIL OF ZAMBIA (Act No. 24 of 2009)

## The Health Professions (General) Regulations, 2012 APPLICATION FOR ACCREDITATION OF HEALTH SERVICES

	(Section	n 54 of the Health Pro	ofessions Act No. 24	of 2009)	
	P	'ART A (PARTICULAR	S OF THE APPLICANT		
	Information Required	Information Provided			✓
1	(a) Name of Applicant				
	(Nationality of the facility)				
	(b) Physical Address				
	(c) Postal Address				
	(d) <b>Nationality</b>				
	(a) Phone No.				
	(b) Mobile No.				
	(c) Email Address				
2	PART	B (PARTICULARS OF	THE HEALTH FACILI	TY)	
3	(a) Name of Facility				
	(b) Licence No.				
	(c) Class of the Health Facility				
4	Type of service being applied for				
	PAR	T C DETAILS OF THE	E CLINICAL TEAM		
	Name	Profession	Reg No		
		PART D (APPL)	(CABLE FEES)	•	
6		•			
İ	Fee Schedule	Please refer to appendix II			

Applicant 's signature	Designation		Date	
OR OFFICIAL USE ONLY				
.ccounts Department ayment Received by:				
ayment Received by:	Name Officer	Designation	Signature	Date
			Amount Received	
STAMP			Receipt No:	
eceiving of Application				
Application Received by:	Name Officer	Designation	 Signature	Date

## APPPENDIX III: ANNUAL STAFF RETURNS



<u></u>	cility Name:	HPCZ No.		District:		Bed	Bed Capacity:
2	Name	Profession	HPCZ/ GNC No.	NRC/ Passport No.	Full Time	Part Time Nationality	Nationality