



*Promoting compliance in Healthcare and Training Standards*

**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 <i>(To be completed by a person in a senior management position)</i>								✓			
<b>1</b>	(a) Name of Applicant											
	(b) Nationality				(c) Identity Card No.							
	(d) Phone No.				(e) Email							
	(f) Residential Physical Address				Employment Physical Address							
	PART B (PARTICULARS OF THE HEALTH FACILITY)											
	(a) Name of Facility											
	(b) Class	A		B		C		D		E		
	(c) Mobility Type	Fixed		Mobile (Circle what applies) Road / Railway / Water / Air				Tele Platform				
	(d) Location Type	Rural				Urban						
	(e) Facility Type	Hospital Level 1		Hospital Level 2			Hospital Level 3					
		Class B- Private		Mini-Hospital/Zonal			Hospices					
		Health Centre		Health Post			General Practice					
		ENT Clinics		Eyes Clinic			Dental Clinic					
		Audiometry Adult		Audiometry Pediatric			Optical Centre					
		Diagnostic Centre		Specimen Collection			Fertility					
		Rehabilitation Centre		Physiotherapy			First-aid stations					
		Domiciliary		Mobile Clinics			Ambulances					
		Other Emergency		Other type								
	(f) Ownership	Ministry of Health		Faith Based			NGOs					
		Zambia Army		ZNS			ZAF					
		Police		Correctional Services			Zambia Police					
		Private Zambian		Private Non-Zambian			Others (specify)					
	(g) Ownership Type	Public		Private								
	(h) Accessibility	Open		Restricted								
<b>2</b>	(i) Owners Name, Nationality and Shares <i>(Supported by registration documents at PACRA/ Government Gazette, Registrar of Societies, and Ministry of Community Development)</i>	S/n	Name				Nationality		% Share			
		1										
		2										
		3										
		4										
		5										
	(j) Location/ Physical Address	Plot No.			Street/Road			Township/Area				
		Ward			Constituency			Zone- n/a for private				
		District			Province			Distance from DHO	Km			
		GPS Coordinates	Latitude				Longitude					
	(k) Facility Contact Details	Postal Address						Phone No				
		Email Address						Mobile No.				

<b>PART C (SUPERVISING PRACTITIONERS)</b>				
*Maximum number of facilities each practitioner can supervise: one for class A and B, three for the other classes				
*Refer to Appendix I for Health Facility supervision requirements for each health facility class)				
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	
<b>PART D (ATTACHMENTS)</b>				
4	Tick the copies of the documents that have been attached to the application	Photocopy of the registration certificate with the registrar of companies/ societies (e.g. Business Name Registration, Companies form 2, 5 & 11 or form 3 or form 46 & Certificate of Incorporation)		
		Photocopy of ZRA valid Tax clearance certificate		
		Photocopy of National Registration Card(s) or Passport(s) of Proprietor(s)/ shareholders/ guarantors		
		Photocopy of Business Permit from the local authority		
		Photocopy of Fire Certificate from the local authority		
		Copies of registration and practising 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)		
		Sketch map of facility location/ GPS coordinates		
		Proof of payment for those paying through the bank for application and licencing fees <b><i>(Licencing fees should be paid before inspection of the proposed health facility)</i></b>		
		MOU or signed contract with companies disposing of medical waste- <b><i>Only applicable for facilities with no approved incinerator</i></b>		
Letter from the supervising health practitioner				
<b>PART E (SCOPE OF SERVICES)</b>				
	Indicate services intended to be provided at the health facility	Please refer to Appendix II		
<b>PART F (APPLICABLE FEES)</b>				
6	Fee Schedule	Please refer to appendix III		
	<b>PART G (POLICIES AND PROCEDURES)</b>			
7	Develop and submit to the Council policies and procedures governing the facility.	Please refer to appendix IV		



**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)**

Senior Inspections Officer \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 the application is being rejected, issue notice of rejection pursuant to **Regulation 19 (3)**)

Regional Manager (Name, Signature & Date)

## APPENDIX I: CLASSIFICATION OF HEALTH FACILITIES

Class	Level	Scope of Services	Supervision
A	Hospices	<ul style="list-style-type: none"> <li>A facility to provide palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs.</li> </ul>	Medical doctor
	Level 1 Hospital	<ol style="list-style-type: none"> <li>General OPD services</li> <li>Wards: minimum of General Admission ward and Maternity services</li> <li>Rehabilitations, Pharmaceutical services, Theatre, Standard Laboratory, X-ray, Ultrasound, occupational Health &amp; dental clinics</li> <li>In-house/ outsourced support services (Ambulance, kitchen, laundry &amp; mortuary)</li> <li><b>Mandatory High Dependency unit with a capacity of 1 bed for every 100 patients</b></li> </ol>	Full-time Medical Doctor
	Level 2 Hospital	<ol style="list-style-type: none"> <li>OPD services with minimum specialities in Internal Medicine, General Surgery, OBGY and Paediatrics. Ophthalmology speciality as desirable.</li> <li>In-Patients with Minimum of Surgical, Medical, Gynae, Obstetrics, neonatal and Paediatrics ward. Psychiatry services are desirable.</li> <li>Rehabilitations, Pharmaceutical services, Theatre, dental, X-ray, occupational health clinic, Ultrasound &amp; CT scan/MRI</li> <li>Laboratory Services with a minimum of Haematology, Clinical Chemistry, Microbiology &amp; Blood Bank.</li> <li>In house Support services (Ambulance, Kitchen, Laundry &amp; Mortuary)</li> <li><b>Standard Intensive care unit with a capacity of 1 bed for every 100 patients</b></li> </ol>	Specialist Full-time Medical Doctor
	Level 3 Hospital	<ol style="list-style-type: none"> <li>Out-patient services that include, Filter Clinic, Casualty &amp; speciality Clinics</li> <li>In patients wards for standard and specialised services</li> <li>Rehabilitations, Theatre, dental, occupation health clinic, X-Ray, Ultrasound &amp; CT scan/MRI</li> <li>All Level 2 Hospital Laboratory Services. Besides, advanced chemistry profiling, molecular diagnostics, reproductive diagnostics.</li> <li>In house Support services (Ambulance, Kitchen, Laundry &amp; Mortuary)</li> <li><b>Advanced Intensive care unit with a capacity of 1 bed for every 100 patients</b></li> </ol>	Specialist Full-time Medical Doctor
	Teaching Hospital	<ol style="list-style-type: none"> <li>All class A hospital requirements</li> <li>Must be an approved internship and Specialty Training Programme (STP) site</li> <li>Attached (<b>Linkage</b>) to HPCZ recognised Medical University</li> <li>Recommendation letter from the Ministry responsible for Health</li> </ol>	Specialist Full-time Medical Doctor
B	Nil	<ul style="list-style-type: none"> <li>A facility to provide diagnostic service, prevention and treatment of disease and illness on an out-patient basis and to incorporate the services of multiple registered health practitioners and the use of equipment for diagnosis and treatment, including medical laboratories and with the capacity to offer some level 1-hospital services on an out-patient basis. This includes Urban Health Centres, Zonal Health Centres and multiple specialist clinics. Zonal and Urban health Centres to have provision for observation of patients.</li> </ul>	Part-time Medical Doctor
C	Level 1	<ul style="list-style-type: none"> <li>First Aid stations and Sick bays to provide diagnostic services, prevention and treatment of diseases and to perform physical examinations using simple equipment and taking specimens for laboratory analysis to a specified target group, e.g. School first Aid Stations, Optical centres and Industrial Plant etc. These do not require standard pharmacy services but will have a medicine cupboard and emergency tray managed by licenced nurses or clinician in the treatment room for the stabilisation of patients.</li> </ul>	Part-time Clinical Officer or equivalent
	Level 2	<ul style="list-style-type: none"> <li>Stand-alone specialised clinics that provide prevention and treatment of diseases without performing invasive procedures. The example includes eye clinics and dental clinics. Pharmaceutical services are optional. Specialised clinics like dental must have a medicine cupboard for specific medicine managed by a licenced health practitioner.</li> </ul>	Specialist in the same field
	Level 3	<ul style="list-style-type: none"> <li>For a health facility to provide diagnostic services, prevention and treatment of diseases and to perform physical examinations using simple equipment and to take specimens for laboratory analysis. Example Health Post, Rural Health Centres etc.</li> </ul>	Full-time Clinical Officer or equivalent
D	Level 1	<ul style="list-style-type: none"> <li>Specimen collection centres that shall be supervised by a Laboratory Technologist</li> </ul>	Technologist
	Level 2	<ul style="list-style-type: none"> <li>Medical diagnostic laboratory or radiological service outside a hospital.</li> </ul>	Degree in same field
	Level 3	<ul style="list-style-type: none"> <li>The industrial laboratory that tests and certifies food, water and beverage content</li> </ul>	
E	Level 2	<ul style="list-style-type: none"> <li>Therapeutic stand-alone physiotherapy and rehabilitation services</li> </ul>	Minimum diploma in same field

**Note: Mobile health services shall be classified using the same criteria. Stand-alone ambulance and Rescue vehicle services shall be licenced as Class C – Level 2 with a defined fleet of vehicles. Ambulances for the licenced fixed health facilities shall be classified as Class C level 2**

## APPENDIX II: SCOPE OF SERVICES

**Bed Capacity** \_\_\_\_\_

**Catchment Population** \_\_\_\_\_

Service Area	Service Scope	
Operating Hours	<b>Appointment Based</b>	
	<b>Day time (May excluded Sunday &amp; Weekends)</b>	
	<b>24 hours services</b>	
Outpatient Services	Patient Triaging services	
	General Practice Consultation and Treatment	
	General Surgery Specialty Consultation and Treatment	
	General Surgery Specialty Consultation and Treatment	
	Internal Medicine Specialty Consultation and Treatment	
	Pediatric & Child Health Surgery Specialty Consultation and Treatment	
	Obstetrics & Gynecology Specialty Consultation and Treatment	
	Neurology Specialty Consultation and Treatment	
	Orthopedic Specialty Consultation and Treatment	
	Cardiology Specialty Consultation and Treatment	
	Urology Specialty Consultation and Treatment	
	Other Specialty Consultation and Treatment – Specify	
	ART Service	
	VMMC Services	
	Cervical Cancer Screening	
	Other Cancer Screening services	
Endoscope Service		
Electrocardiogram (ECG)		
Patient Observation services		
Pharmacy Services	Pharmaceutical Services	
Laboratory Services	Serological	
	Hematology & Immunology	
	Clinical chemistry	
	Microbiology	
	molecular biology	
	Histopathology	
	Forensic Laboratory	
	Public Health, Food & Drug Lab Services	
Medical Imaging and Radiological services	Ultrasound	
	Echocardiogram	
	X-Ray Imaging	
	Fluoroscopy	
	Mammogram	
	Computer Tomography (CT)	
	Magnetic Resonance Imaging (MRI)	
	Dexa Scan	
Cardiac Catheterisation- Cat-Lab		
Audiometry and ENT	General Audiometry	
	Pediatrics Audiometry	
	Ear, Nose and Throat	
Nutrition & Dietary services	Nutrition and dietetics consultation and treatment	
	Kitchen and Cafeteria	
Dental services	Oral Health consultation	
	Periodontics treatment procedures	
	Oral surgery treatment procedures	
	Restorative dentistry	
	Endodontics treatment procedures	
	Prosthodontics treatment procedures	
	Orthodontics treatment procedures	
	Dental Lab services	
Dental X-ray services		
Physical rehabilitation	General Physiotherapy	

services	Paediatric Physiotherapy	
	Hydrotherapy	
	Speech and language	
	Occupation therapy gym	
	Prosthetics and orthotics	
Mental Health Services	Mental Health Services – Consultation and treatment	
	Mental health wards	
	Rehabilitation services -	
Ophthalmic services	Ophthalmic services consultation & treatment	
	Ophthalmic theatre	
	Ophthalmic services consultation	
Cancer Diseases	Oncology consultation	
	Chemotherapy	
	Radiotherapy	
Occupation health services	Occupation health screening – Visual	
	Occupation health screening – Audiometry	
	Occupation health screening – Heat Tolerance	
	Occupation health screening – Others	
Renal & Dialysis services	Renal consultation	
	Dialysis treatment services ( <i>Specify Units-----</i> )	
Critical care services	Intensive Care Unit – ICU ( <i>Specify Capacity-----</i> )	
	Neonatal Intensive Care Unit – NICU ( <i>Specify Capacity-----</i> )	
	Hyperbaric Oxygen Therapy (HBOT) Services	
Operating theatre services	Operating theatre services	
In-Patient Services	Private admission rooms	
	Medical wards	
	Surgical wards	
	Paediatrics	
	Specialised wards, Specify	
MCH & Adolescent	Adolescent support service	
	Maternal services limited to Antenatal, Postnatal & Family Planning	
	Child health services including under-5 clinic growth monitoring	
	Vaccination	
Maternity Services	Maternity Services	
Mobile Services	Ambulance-Basic Life Support	
	Ambulance- Intermediate Life Support	
	Ambulance- Advance Life Support	
	First Responder Vehicle	
	Rescue Vehicle	
	Domiciliary Care	
	Mobile Clinics	
Support Services	Mortuary Services	
	Laundry Services	
	Incineration services	
	Medical Records and Informatics	

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

Clinic or Hospital STAMP

### APPENDIX III (FEE SCHEDULE)

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

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

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

	Zambian	Non-Zambian
Class A	K 31,900.00	K 44,660.00
Class B	K 28,710.00	K 40,190.00
Class C	K 11,660.00	K 17,240.00
Class D	K 11,660.00	K 17,240.00
Class E	K 11,660.00	K 17,240.00
Mobile health facilities (Air, Water & Road)	K 9,260.00	K 12,970.00

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

	Zambian	Non-Zambian
Class A & B	K 1,130.00	n/a
Class C, D & E	K 500.00	n/a
Mobile health facilities (Air, Water & Road)	K 200.00	n/a

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

	Zambian	Non-Zambian
Class A & B	K 4,200.00	K 5,000.00
Class C, D & E	K 1,130.00	K 1,360.00

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

	Zambian	Non-Zambian
Class A & B	K 1,130.00	n/a
Class C, D & E	K 500.00	n/a

**(f) Mandatory Ethical and Clinical Guidelines**

National Health Care Standards	K 100.00	Professional Code of ethics- GNC	-
Patients Right Charter - English	K 50.00	Standard Treatment Guidelines	
Patients Right Charter - Local Language	K 50.00	Zambia National Formulary	-
Professional Code of ethics- HPCZ	K 50.00	British National Formulary - Adults	
Confidentiality guidelines	K 50.00	British National Formulary - Paediatrics	
Patient consenting guidelines	K 50.00	Standard Operating Procedures - specific for the scope of services	
Patient Record Guidelines	K 50.00		
Pervasive incentives guidelines	K 50.00		



## APPENDIX IV (POLICIES AND SOPs)

Standard	Details
Governance & Leadership	Organisation structure
	Action plan and strategic plan
	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>
Patients records	Patients record 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
	Pharmaceutical management procedures and guidelines
	Blood transfusion services procedures & policies
	Surgical (Theatre) and Dental services procedures & policies
	Emergency care (ICU) procedures & policies
	Optical and ophthalmic care services
	Rehabilitation (Physiotherapy) procedures & policies
	Radiology services procedures & policies
	Medical social work procedures & policies
	Clinical management procedures and guidelines

**APPENDIX V: LIST OF STAFF INTENDING TO WORK AT THE FACILITY**



*Promoting compliance in Healthcare and Training Standards*

**Facility Name:** \_\_\_\_\_ **HPCZ#:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Bed Capacity:** \_\_\_\_\_

S/N	Section/ Unit	Name	Profession	Registration Type	Phone Number	NRC/ Passport	Nationality	Employee Status
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

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



Facility Name.....  
Ownership .....

District.....  
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. Except for mobile health services licences, no Health facility or part thereof shall move from the premises for which a licence has been issued to any other premises without first having obtained a permit to relocate from the Health Professions Council of Zambia.
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. Except for mobile health services licences, the Licence is only applicable to the physical address indicated on the Certificate
8. The health facility shall not introduce new health services without prior approval from the Council.

***NB: The Licence becomes null and void if any of the above conditions is abrogated.***

**Commitment to Comply:**

Name..... Position.....

Sign ..... Date.....

Clinic or Hospital STAMP

