

**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 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  |                       |            |  | (g) Employment Physical Address |             |                       |               |    |   |  |  |
| PART B (PARTICULARS OF THE HEALTH FACILITY)   |   |                       |            |  |                                 |             |                       |               |    |   |  |  |
| <b>2</b>  | (a) Name of Facility  |                       |            |  |                                 |             |                       |               |    |   |  |  |
|   | (b) Licence Number  |                       |            |  |                                 |             |                       |               |    |   |  |  |
|   | (c) Class   | A                     |            | B  |                                 | C           |                       | D             |    | E |  |  |
|   | (d) Mobility Type   | Fixed                 |            | Mobile (Circle what applies)<br>Road / Railway / Water / Air |                                 |             |                       | Tele Platform |    |   |  |  |
|   | (e) Location Type   | Rural                 |            |  |                                 | Urban       |                       |               |    |   |  |  |
|   | (f) 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            |               |    |   |  |  |
|   | (g) Ownership   | Ministry of Health    |            | Faith Based  |                                 |             | NGOs                  |               |    |   |  |  |
|   |   | Zambia Army           |            | ZNS  |                                 |             | ZAF                   |               |    |   |  |  |
|   |   | Police                |            | Correctional Services  |                                 |             | Zambia Police         |               |    |   |  |  |
|   |   | Private Zambian       |            | Private Non-Zambian  |                                 |             | Others (specify)      |               |    |   |  |  |
| (h) Ownership Type  | Public  |                       | Private    |  |                                 |             |                       |               |    |   |  |  |
| (i) Accessibility   | Open  |                       | Restricted |  |                                 |             |                       |               |    |   |  |  |
| (j) Owners Name, Nationality and Shares<br><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   |                       |            |  |                                 |             |                       |               |    |   |  |  |
| (k) 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             |               |    |   |  |  |
| (l) Facility Contact Details  | Postal Address  |                       |            |  |                                 |             | Phone No.             |               |    |   |  |  |
|   | Email Address   |                       |            |  |                                 |             | Mobile No.            |               |    |   |  |  |





## APPENDIX I: 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 Triage services   |  |
|   | General Practice Consultation and Treatment                           |  |
|   | 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 services | General Physiotherapy  |  |
|                                  | Paediatric Physiotherapy   |  |
|                                  | Hydrotherapy   |  |
|                                  | Speech and language  |  |
|                                  | Occupation therapy gym   |  |
|                                  | Hydrotherapy   |  |
|                                  | 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-BLS  |  |
|                                  | Ambulance-ILS  |  |
|                                  | Ambulance-ALS  |  |
|                                  | First Responder Vehicle  |  |
|                                  | Rescue Vehicle   |  |
|                                  | Domiciliary Care   |  |
|                                  | Mobile Clinics   |  |
|                                  | Planned Patient Transport  |  |
| 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 II (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 III: LIST OF ALL STAFF WORKING AT THE FACILITY



*Promoting compliance in Healthcare and Training Standards*

**Note: Health Professions are required to have renewed their practicing certificate for the year the facility is seeking Licence Renewal**

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

## APPENDIX IV: SERVICE DELIVERY RETURNS



**(a) Report Period:**

**(b) Facility Utilisation during the year under review**

| Category                | Under Five | Above Five | Total |
|-------------------------|------------|------------|-------|
| Outpatients' attendant  |            |            |       |
| In-patients' attendants |            |            |       |
| <b>Total</b>            |            |            |       |

**(c) HIMS Reporting Report**

| Quarter                 | Under Five | Submitted timely | Submitted out of time | Not submitted |
|-------------------------|------------|------------------|-----------------------|---------------|
| 1 <sup>st</sup> Quarter | January    |                  |                       |               |
|                         | February   |                  |                       |               |
|                         | March      |                  |                       |               |
| 2 <sup>nd</sup> quarter | April      |                  |                       |               |
|                         | May        |                  |                       |               |
|                         | June       |                  |                       |               |
| 3 <sup>rd</sup> Quarter | July       |                  |                       |               |
|                         | August     |                  |                       |               |
|                         | September  |                  |                       |               |
| 4 <sup>th</sup> Quarter | October    |                  |                       |               |
|                         | November   |                  |                       |               |
|                         | December   |                  |                       |               |

**(d) Quality Improvement**

Indicate the quality improvement undertaken at the facility during the year

| Service Area/ Department | Problem | Improvement undertaken | Comment |
|--------------------------|---------|------------------------|---------|
|                          |         |                        |         |
|                          |         |                        |         |
|                          |         |                        |         |
|                          |         |                        |         |

Name.....

Position.....

Sign .....

Date.....

Clinic or Hospital STAMP