



Please affix firmly a recent Passport -size Color photograph of yourself here

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

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APPLICATION FOR SPECIALIST REGISTRATION AS A HEALTH PRACTITIONER

(Specialist Registration certificate is valid for life and applicable to a person who is already on Full Register and has obtained a post-graduate qualification(s) in a field relevant to the primary qualification)

Surname..... First name(s).....

Gender..... Date of birth..... NRC/Passport No.

Nationality..... Tel/Mobile..... Email address.....

Employer Name & Address.....

Primary Profession.....

Speciality.....

Subspecialty (if applicable)

Training Institution.....

Duration of Training:years, from to

I.....do solemnly declare as follows:

- a) That the information provided in this form is correct and true
b) That the attached documents are genuine
c) That I have never been debarred from practising my profession on the ground of professional misconduct;
d) That my name has never been removed from the register kept in accordance with the laws of any country in which I have practised my profession; and
e) I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge.

Signature of the Applicant

Declared at this day of 20before

me.....

Commissioner of Oaths/Notary Public

Appendices:

- a) Certified copies of all academic transcripts and professional qualifications from a training institution
b) Proof of verification of professional qualification from Zambia Qualifications Authority for qualification obtained outside Zambia.
c) Recommendation letter from a Peer Practitioner
d) Recommendation letter from the Professional Association
e) One passport size photograph (colour photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)
f) Certified copy of NRC/Passport.
g) Copy of current curriculum vitae
h) Education Commission for Foreign Medical Graduates (ECFMG) verification form

NOTE: All payments should be made at Zambia National Commercial Bank using a Bill Muster form or Stanbic Bank, Arcades Branch account number 9130002152316, Sort code 040010. A receipt shall be issued upon presentation of proof of payment

For Official use:

Amount Paid *Receipt No.* *Signature* *Date stamp*.....
(Accounts Unit)

Received By (Name) *Signature* *Date*.....
(Registry)

Reviewed By (Name) *Signature* *Date*.....
(Registration Officer)

Verified By (Name) *Signature* *Date*
(Senior Registration Officer)

Recommended By (Name) *Signature* *Date*
(Assistant Registrar)

Approved By (Name) *Signature* *Date*.....
(Registrar)