

Index No:

Exam No:



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

**APPLICATION FOR LICENSURE EXAMINATIONS
LOCALLY TRAINED CANDIDATES**

1. Personal details:

Full Names (*as it appears on official Identity Documents*):

Date of birth: Gender:

Nationality:

National Identity Number (NRC):

2. Qualification details:

Qualification (*full title*):

Profession (*e.g Medical Doctor, Nutritionist, EHT, etc*):.....

Name of Training Institution:

Period of study: From: to:

Mode of delivery of Training: (*Full time/ Distance*)

3. Contact Details:

Postal address:

Physical Address:

Plot/House /Flat Number: Road / Street Name:

Tel/Mobile No: (*Primary/active No.*)..... E-mail:.....

Name and phone No. of next of kin

4. Preferred Examination Centre: Insert Cross (X) in the appropriate box below: (NB: be certain of your choice as you may not be allowed to change once submitted)

Livingstone		Lusaka		Ndola	
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5. Declaration:

1) I understand that if I pass the licensure examination (LEX), I am not automatically entitled to practice my profession anywhere in the country until I am granted both Registration and Annual Practicing Certificate by the Health Professions Council of Zambia (HPCZ).

2) All information submitted in this form is correct and truthful to the best of my knowledge.

Applicant signature

Date

Appendices:

- Certified copy of passport or NRC.*
- Certified copy of Degree, Diploma, Certificate OR Transcript.*

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 Examination)*

*Reviewed and Verified By (Name): Signature Date.....
(Examination Officer)*