

Index No:

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



APPLICATION FOR LICENSURE EXAMINATIONS

1. Personal Details

Full Names (As appears on the Official Identity Document):.....
Date of Birth: __ __ , __ __ __ , __ __ __ __ Gender:
Nationality.....
National Identity Number (NRC or Passport):

2. Qualification Details

Qualification (Full Title):.....
Profession (e.g. Medical Doctor, Nutritionist, EHT etc).....
Name of Training Institution:
Country where you trained from:
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
Postal address:

4. Attempt (Insert Cross (X) in the appropriate box below):

1 st Attempt		2 nd Attempt		3 rd Attempt		4 th and Final attempt – (not < 3 years after 3 rd attempt)	
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5. Preferred Examination Centre: Insert Cross (X) in the appropriate box below (be certain of your choice as you may not be allowed to change once submitted)

Lusaka		Ndola	
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6. Declaration:

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

Applicant Signature

Date

7. Appendices:

- Certified copy of passport or NRC
- Certified copy of Degree, Diploma, Certificate OR Transcript
- Zambia Qualification Authority (ZAQA) recognition certificate (*Applicable to foreign-trained*)

NOTE: All payments should be made at

1. Zambia National Commercial Bank using a Bill Muster form or
 2. Stanbic Bank, Arcades Branch, account number **9130002152316**, Sort code **040010**.
 3. Barclays Bank, Lusaka Business Centre Branch, account number **16-6883911-**, Sort code **20016**
- 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:
(1st Reviewer)

Reviewed and Verified By (Name): Signature Date.....
(2nd Reviewer)

Applicable Fees

Category	Fees	
	Zambian	None-Zambian
Diploma/ Certificate	1,100.00	2,200.00
Degree	1,500.00	3,000.00