



GUIDELINES FOR REGISTRATION OF HEALTH PRACTITIONERS

3RD EDITION, 2023

‘Safeguarding the quality of health care services by regulating and monitoring the professional conduct of health practitioners’

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Foreword

The Health Professions Council of Zambia (HPCZ) is a statutory regulatory body established under The Health Professions Act No. 24 of 2009. The Health Professions Act empowers the Council to develop, enforce and maintain appropriate standards of health practice, health care and training services for public protection. The development of the Registration of health Practitioners Guidelines is anchored on the Council's responsibility to register health practitioners and regulate their professional conduct. We envision that The Registration Guidelines will inform the registration process and enhance the Council's function of regulating health practitioners.

The Council endeavours to inspire confidence and trust among its stakeholders in the execution of its mandate as such, the third edition of the Registration Guidelines, 2023 (the Registration Guidelines) were developed through a collaborative process involving stakeholders.

These Registration Guidelines were reviewed and amended to reinforce the relevance of the Guidelines in the face of new and emerging issues in the registration and regulation of health professionals. We hope that there will be improved outcomes in the registration process as the Council continues to execute its mandate and promote and uphold the Health Professions Act and Code of Ethics.



Professor Mulindi Mwanahamuntu
Chairperson

List of Abbreviations

Acronym	Meaning
CGS	Certificate of Good Standing
CS	Certificate of Status
CPD	Continuous Professional Development
ECFMG	Education Commission for Foreign Medical Graduates
GRZ	Government of the Republic of Zambia
HPCZ	Health Professions Council of Zambia
LEX	Licensure Examination
MoH	Ministry of Health
MSc	Master of Science
No	Number
NRC	National Registration Card
ZAQA	Zambia Qualifications Authority

Definition of Terms

Act	Health Professions Act No 24 of 2009 of the Laws of Zambia
Approved Supervisor	A health practitioner fully registered for at least two years of the same profession with equal or higher qualification than the supervisee.
Committee responsible for Registration:	A Committee of the Council that advises the Council on standards, policies and regulations related to registration of health practitioners
Council	Refers to the ‘Health Professions Council of Zambia’
Health Professional	A Healthcare professional that has studied, advises on or provides preventive, curative, rehabilitative, palliative and promotional health services based on an extensive body of theoretical and factual knowledge in diagnosis and treatment of disease and other health problems acquired in higher education.
Impaired	Refers to a condition in which a health practitioner is rendered incapable of practicing a profession with reasonable skill and safety
Internship	A defined period of work experience offered to graduates of approved health training programmes for a limited period of time in order for them to gain relevant skills and experience in their field of study.
Licensure Examination	Examination administered to graduate health professionals to assess whether they possess the minimum attitudes, knowledge and skills necessary to perform tasks on the job safely and competently.
Minimum Requirements	A set of defined standards that health practitioners and students should satisfy before registration and indexing respectively as outlined in the competency frameworks or manual.
Practicing Certificate	Refers to the certificate issued to a health practitioner annually.
Registration	The process of certifying a health practitioner fit for inclusion on the register for health professionals.

Review of the practice	Refers to the process of evaluating the status of compliance with the registration objectives and statutory requirements.
Student Registration	This is a mandatory procedure of registration of students admitted in a health sciences programme, to ensure that they meet the minimum entry requirements, as well as verify the authenticity of their grade twelve certificate or its equivalent.
Specialist	A fully registered health practitioner who holds a registrable bachelor’s degree and Postgraduate qualification in a recognized specialty approved by the Council.
Supernumerary Register	A supplementary or additional register maintained by HPCZ for the purpose of registering all postgraduate students in health training programs. This includes locally trained and foreign trained postgraduates. This register is distinct from the primary register and is used for specific purposes related to the regulation of health practitioners.

The mandate of the Council

The Health Professions Council of Zambia is a statutory body established under the Health Professions Act No. 24 of 2009 of the Laws of Zambia and mandated to implement the following core functions:

- 1) Registration of health practitioners and regulation of their professional conduct
- 2) licensing of health facilities and accreditation of health care services provided by health facilities.
- 3) Recognition, regulation and approval of Internship sites and internship Programmes for health practitioners
- 4) Conducting Licensure Examinations for Health Practitioners as prescribed in the guidelines.

Vision

The vision of the Health Professions Council of Zambia is *‘to be a leading regulator of health practice and training services for public protection’*.

Mission

The Mission of the Council is *‘to safeguard the quality of health care services by regulating and monitoring the professional conduct of health practitioners, health facilities and reviewing and approving curricula for health training programmes in institutions.’*

Core Values

1. Integrity
2. Transparency
3. Teamwork
4. Accountability
5. Excellence
6. Impartiality

The Council shall continue to execute its mandate by:

- 1) Enhancing regulation of health professional conduct to promote competence and ethical practice of health professionals.
- 2) Enhancing regulation of health facilities and healthcare services to promote compliance to healthcare standards.
- 3) Strengthening the regulatory framework through development and review of policies and regulations

- 4) Enforcing Continuous Professional Development of health practitioners
- 5) Conducting inspection of student registration in training institutions and compliance monitoring of health practitioners.
- 6) Conducting Licensure examinations to promote competency of health professionals.
- 7) Registering health practitioners

Executive Summary

The development and implementation of Registration Guidelines is cardinal for the regulation of health professionals. Therefore, it is important to provide defined processes and procedures in the regulation of health professionals. This will result in greater attainment of the Health Professions Council of Zambia's mandate to register health practitioners and regulate their professional conduct hence improving health care services.

The Registration Guidelines seek to promote and inculcate professionalism and professional accountability at the early stages of professional development by ensuring that students enrolled in health learning programmes meet the minimum requirements. The Registration Guidelines also seek to ensure that all health professionals seeking to practice are duly assessed for professional competence.

The third edition of the Registration Guidelines, 2023 build upon and enhance the 2019 Registration Guidelines to incorporate new and emerging issues in the registration of health practitioners as well as lessons learnt during implementation of the 2019 Registration Guidelines. In comparison to the second edition which had **ten (10)** sections, the third Edition has **twelve (12)** sections namely:

Section 1: General Provisions
Section 2: Student Registration (Indexing)
Section 3: Licensure Examinations
Section 4: Provisional Registration
Section 5: Temporary Registration
Section 6: Limited Registration
Section 7: Full Registration
Section 8: Specialist Registration
Section 9: Supernumerary Registration
Section 10: Practicing Certificate
Section 11: Certificate of Good Standing
Section 12: Registers for Practitioners

1 Section 1: General Provisions

A person shall not practice as a health practitioner unless the person is registered as a health practitioner in accordance with the Health Professions Act No. 24 of 2009 of the Laws of Zambia.

1.1 Legal provisions

The Health Professions Council of Zambia is mandated to register health practitioners and regulate their professional conduct in accordance with **Section 6** of the Health Professions Act. Additionally, **Section 76** provides for the issuance of guidelines to enhance the registration process.

Furthermore, **Part II** of the Statutory Instrument No.95 of 2012 issued under the Health Professions Act of 2009, gives procedure on the registration of health practitioners.

1.2 Types of Registers

The Council is mandated to maintain the following registers:

1. **Student Registration Register** - For Students Enrolled in Health Learning Programs whose curriculum has been approved by the Council and programme approved by Higher Education Authority
2. **Provisional Register**- for health practitioners trained in Zambia and have completed a health training programme approved by Higher Education Authority.
3. **Temporary Register** - for health practitioners trained outside Zambia and are holders of a qualification from a recognized training institution.
4. **Limited Register** - for health practitioners trained outside Zambia, wishing to provide health care services in Zambia for a limited period, at the request of a licensed health facility/registered organisation.
5. **Full Register** - for health practitioners who have successfully completed the prescribed period on either the temporary or provisional register and have been assessed by an approved supervisor and recommended by the head of institution.
6. **Supernumerary Register** – For all postgraduate students in health training programs.
7. **Specialist Register** - for health practitioners who possess a degree as primary qualification and a recognised postgraduate qualification in a field relevant to their primary qualification.
8. **Register for Non-practicing Category** – For health practitioners who do not intend to practice for a specified period of time.
9. **Register for impaired persons** – For health practitioners rendered incapable of Practicing.
10. **Register for deceased practitioners** – For all deceased health practitioners.

1.3 List of registrable professions

SN	PROFESSION	SN	PROFESSION
1	Specialists	35	Clinical Scientists
2	Medical Doctors	36	Radiation Therapists
3	Dental Surgeons	37	Radiation Therapy Technologists
4	Clinical Psychologists	38	Clinical Medical Physicists - medical imaging
5	Health Psychologists	39	Clinical Medical Physicists- nuclear Medicine
6	Forensic Psychologists	40	Clinical Medical Physicists -Radiotherapy
7	Clinical Neuropsychologists	41	Anaesthetists
8	Counselling Psychologists	42	Clinical Anaesthetist Technologist
9	Pharmacists	43	Community Oral Health Educators
10	Environmental Health Technologists	44	Advanced Clinical Officers
11	Physiotherapists	45	Nutrition Technologists
12	Occupational Therapists	46	Orthotists/Prosthetists
13	Radiography Technologists	47	Opticians
14	Medical Laboratory Technologists	48	Pharmacy Dispensers
15	Medical Laboratory Technicians	49	Community Health Assistants
16	Dental Technologists	50	Dental Laboratory Scientists
17	Clinical Officer General	51	Radiographers
18	Dental Therapists	52	Orthopaedic Technicians
19	Clinical Mental Psychiatrist	53	Environmental Health Officers
20	Medical Imaging Assistants	54	Sonographers
21	Pharmacy Technologists	55	Sonography Technologists
22	Medical Licentiate Practitioners	56	Public Health Scientists
23	Orthopaedic Technologists	57	Speech Language Therapists
24	Emergency Care Practitioners	58	Clinical ophthalmic officers
25	Advanced life support practitioners	59	Optometrists
26	Emergency Medical Technicians	60	Optometry Technologists
27	Biomedical Scientific Officers	61	Dispensing Opticians
28	Dental Hygienists	62	Nutritionists/Dieticians
29	Pharmacologists	63	Audiology Technologists
30	Osteopaths	64	Audiology Assistants
31	Podiatrists	65	Ultrasound Technologist
32	Audiologists	66	Dialysis Therapist
33	Physiotherapy Technologists	67	Dental Assistants
34	Clinical Technologists	68	Chiropractors

1.4 Procedure for opening a new Register.

The Council may open a register for any other profession as the Minister responsible for Health may prescribe on the recommendation of the Council. The following shall be the procedure for opening a register.

1.4.1 Initiated by Associations, Training Institution, Subject Experts, or Individuals.

- a) A Professional Association, training institution, subject expert or an individual of the particular profession, seeking to open a register shall apply with a detailed needs assessment report or justification paper which shall highlight the need for that profession to be registered by the Health Professions Council of Zambia.
- b) The needs assessment report or justification paper shall give details of the competencies and scope of practice of that profession highlighting training, core competencies and contributions of that profession.
- c) A public institution of higher learning or a private medical university may render an application to HPCZ for the creation of a new register after liaising with the Ministry responsible for Health and other relevant line ministries and after completing a needs assessment. The submitted needs assessment shall inform the creation of a training program (including its curriculum) and creation of an HPCZ student register.
- d) The ministry responsible for health may also render an application to HPCZ for the creation of a new register after completing a needs assessment.
- e) The application and the needs assessment report shall be submitted to the Health Professionals Registration Committee for scrutiny, and a recommendation shall be submitted to the Council for approval.
- f) Once the Council approves, a recommendation shall be made to the Minister for a new register.
- g) Once the Minister approves the opening of a new register, the Council shall commence registration of the practitioners.

1.4.2 Initiated by HPCZ

The Council may also initiate opening of new registers as a way of fostering international comparable standards and/or upon approval of a curriculum for a new learning program registrable by the Health Professions Council of Zambia.

2 Section 2: Student Registration (Indexing)

This is a process by which the Council registers a student and assigns them a unique registration number called an index number. A student enrolled in a health learning programme at undergraduate, within or outside the republic, shall be required to apply for indexing within 90 days of enrollment. Indexing shall be the responsibility of the student and the training institution.

A student shall have a credit or better at 'O' Levels in the required subjects to enroll in a health learning programme.

An indexed student shall be bound by the *Professional Code of Ethics and Discipline: Fitness to Practice*.

2.1 Importance of Registration (Indexing)

Qualifying in any health care profession entails personal responsibility, and registration with the HPCZ is a fundamental requirement for engaging in professional practice within Zambia. This registration not only signifies a student's readiness for professional practice but also brings about certain legal obligations for professional misconduct.

2.2 When to Register

Three months of enrollment or articulation into a health training program.

2.3 Maintaining Updated Information:

Students are required to keep their personal details and student profile with HPCZ always updated including annual academic progression.

2.4 Failure to register:

If a student fails to register with the HPCZ within the stipulated three months period as indicated in Clause 2.2 above. The Council will not recognize the number of years or duration of training that a student(s) undertook in the training institution.

2.5 Institutional Responsibility:

Training Institutions shall ensure that only students registered with the Council access academic activities.

2.6 Practitioner Indexing

2.6.1 Practitioner Registration Upgrade

Registration of health professionals (Zambian or non-Zambian who possess a health qualification) shall be done before registration with the Council. Individuals who are already registered under the Health Professions Council of Zambia but are upgrading their qualification or pursuing a health-related course different from their initial profession shall be indexed under practitioner registration.

2.6.2 Foreign trained.

Foreign-trained health practitioners applying for limited and specialist registration who have worked abroad will be exempted from student registration on condition that they provide a certificate of good standing from the Country of origin or last practice and/or ECFMG report.

For non-registered practitioners, indexing shall be for purposes of licensure examination.

2.7 Subject Combination

For the purposes of student registration, the approved subject combination shall be as indicated in table 1 below.

Table 1: Approved subjects for student registration with justifications

	Subject	Options	Justification
1	English	a) English as First Language b) English Second Additional Language	English Language is the official language in Zambia. It is considered important as a prerequisite for health-related training programs for several reasons: <ol style="list-style-type: none">1. Effective Communication.2. Understanding Medical Literature.3. Licensing and Certification Examinations.4. Documentation and Reporting. Overall, English language proficiency is not only important for successful participation in health-related training programs but also for effective practice, patient care, and professional development within the healthcare field. NOTE: English Literature is not a substitute for English Language

2	Mathematics	a) Additional Mathematics b) Algebra	<p>Mathematics is important as a subject at grade 12 for students wanting to pursue health-related courses due to the following reasons:</p> <ol style="list-style-type: none"> 1. Dosage Calculations 2. Trend analysis 3. Critical thinking 4. Statistics and Research 5. Budgeting and Resource allocation <p>Mathematics is a foundational skill that supports critical aspects of healthcare practice, research, and decision-making. Its applications extend to various domains within the healthcare sector, and students pursuing health-related courses benefit greatly from a strong mathematics background</p>
3	Biology	a) Agriculture Science b) Life Sciences	<p>Biology is an essential subject for students wanting to pursue health-related courses for several important reasons:</p> <ol style="list-style-type: none"> 1. Foundation in Life Sciences 2. Understanding Human Anatomy and Physiology 3. Disease and Health 4. Medical Terminology 5. Research and Innovation <p>In summary, biology provides the foundational knowledge and concepts that underpin various health-related fields. It equips students with the understanding necessary to excel in their studies, careers, and contributions to the healthcare sector</p>
4	Chemistry		<p>Chemistry is important as a subject at grade 12 for students wanting to pursue health-related courses for several compelling reasons:</p> <ol style="list-style-type: none"> 1. Understanding Biochemistry 2. Pharmacology and Drug Interaction 3. Nutrition and Metabolism 4. Diagnostic Tests 5. Understanding Diseases 6. Medical Laboratory Techniques <p>In summary, chemistry provides the fundamental knowledge needed to</p>

			understand the biochemical and molecular aspects of health and disease. It is integral to numerous aspects of healthcare, enabling healthcare professionals to provide accurate diagnoses, effective treatments, and high-quality patient care.
5	Physics		<p>Physics is important as a subject at grade 12 for students wanting to pursue health-related courses due to its relevance in several key aspects of healthcare and medical practice. Here are some reasons why physics is important for aspiring healthcare professionals:</p> <ol style="list-style-type: none"> 1. Medical Imaging 2. Radiation Therapy 3. Medical Equipment 4. Critical Thinking and Problem-Solving 5. Research and Innovation <p>In summary, physics provides the underlying principles for many technologies and practices in healthcare. It enhances the knowledge and skills of healthcare professionals, enabling them to provide accurate diagnoses, safe treatments, and quality care to patients.</p>
6	Science	Combined Science (Physics & Chemistry)	Science, as a collective subject encompassing chemistry and physics necessary for students intending to pursue health-related courses due to its holistic and foundational role in understanding the diseases, treatments, and medical technologies.
7	Any other Subject	History, Geography, Religious Education, Commerce, Business Studies e.t.c	Any other subject may also mean any Science from the list that has not been used as a core subject

- i. *A Combined Science that includes Biology, Chemistry & Physics will not be accepted for student registration by the Council*
- ii. *All foreign qualifications (grade 12, Matric, Cambridge or any other) must be evaluated by the Examinations Council of Zambia (ECZ) and verified by Zambia Qualifications Authority (ZAQA) before submission to the HPCZ for student registration*

2.8 Objectives of Student Registration

- a) To ensure that every enrolled student meets the minimum entry requirement.
- b) To establish and maintain a database of registered students to track their progression and enhance human resource for health planning.
- c) To monitor compliance with admission criteria for students pursuing health-related training.
- d) The Council shall allocate the number of registration slots for each training institution. The number of registration slots will be determined by institutional capacity.
- e) To provide a link between the students, training institutions and HPCZ.

Requirements for practitioner indexing

For practitioners who wish to pursue another health-related programme, the indexing requirement for such a programme shall apply (form I).

3 Section 3: Licensure Examination

The Licensure Examination (LEX) is administered to a graduate in a health profession to assess whether they possess the minimum attitude, knowledge, and skills necessary to perform tasks on the job safely and competently. A candidate who passes the licensure examination is deemed eligible for placement on the professional register (Sub section 4.1).

4 Section 4: Provisional Registration

A locally trained student who completes a health training programme or a holder of a temporary certificate of registration, may apply for provisional registration in the prescribed manner and form upon payment of the prescribed fee.

Practitioners on the provisional register should work under the supervision of an approved Supervisor and with oversight from the head of the institution.

4.1 Requirements for Provisional Registration

The following shall be requirements for provisional registration:

- a) Copy of licensure examinations results transcript.
- b) Certified copies of academic transcripts and professional qualification from a recognised training institution.
- c) One passport size photograph (white background-observe formal dressing)
- d) Certified copy of National Registration Card (NRC) or Passport for non-Zambians.
- e) Certified declaration form by the Commissioner of oaths or Notary Public

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reason(s) for rejection.

4.2 Issuance of Provisional Certificate

- a) The Provisional certificate shall be issued within thirty (30) days of registration.
- b) Provisional registration shall be valid for **two (02) years** for all Degree, Diploma and Certificate holders.
- c) Upon successful completion of registration period, a practitioner is required to apply for full registration after being assessed by an appropriate Supervisor and recommended by the head of the institution.
- d) If a practitioner does not meet the minimum requirements for full registration, provisional registration can only be extended once, for a further period of **One year**. Where the further period of one year elapses and the practitioner still does not meet the requirements for full registration, the Council shall cancel the provisional registration certificate in accordance with **Section 14 (d)** of the Act and ban the practitioner from registration for a **maximum period of six (6) months**. During this period, the practitioner shall not be attached to any health facility and will be reassessed in order to be reconsidered for the new circle of provisional registration.
- e) Upon completion of the specified ban, a practitioner may re-apply for registration in the prescribed manner and form under the provisional register.
- f) However, if the practitioner still does not meet the requirements for full registration after the second provisional registration application, when the maximum period of **two (2) years** provided for provisional registration elapses, the Council shall cancel the registration certificate in accordance with **Section 14(d)** of the Act, and the practitioner will be deemed ineligible to register as a health practitioner.
- g) The Council shall review which sites are allowed to continue providing internship facilities every 2 to 3 years. Furthermore, Interns on provisional and temporary registration may be allowed to obtain training in other hospitals besides their primary post if a certain key discipline is not supervised in that hospital.
- h) A duplicate certificate of registration may be issued within 30 days of application to a practitioner whose certificate is lost or destroyed in the prescribed manner and form upon payment and upon submission of a Police report.

4.3 Conditions for Provisional Registration Certificates

The holder of a provisional registration certificate shall comply with the following conditions for the certificate:

- a) A registration certificate shall only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- b) The health practitioner should comply with the *Professional Code of Ethics and Discipline: fitness to practice*.
- c) The Council should be informed within seven days in the prescribed manner and form after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- d) A holder of a registration certificate shall not practice without a valid annual Practicing certificate in accordance with **Section 15** of the Act.

- e) The practitioners shall not practice beyond the scope for which he or she is registered without prior approval from the Council.
- f) Practitioners on provisional registration shall submit a duly completed Privilege to Supervise Form.
- g) Notwithstanding the above, provisional registration certificate becomes null and void if any of the above conditions is abrogated by the holder.

5 Section 5: Temporary Registration

A person who qualifies from a health training programme from a recognised institution outside Zambia may apply for temporary registration in the prescribed manner and form upon payment of the prescribed fee.

5.1 Requirements for Temporary Registration

The following are the requirements for temporary registration:

- a) Copy of licensure examinations results transcript.
- b) Completed HPCZ Temporary registration application form.
- c) Certified declaration form by the Commissioner of Oaths/Notary Public
- d) Proof of Registration from the Country of Origin or Country the practitioner Last Practiced (*Applicable for health practitioners who have worked abroad*)
- e) Certificate of Status (Good Standing) from the country the practitioner last practised (*Applicable for health practitioners who have worked abroad*)
- f) Certificate of competence in English from an institution recognised by HPCZ (*Applicable for health practitioners from non-English speaking countries*)
- g) Copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing that country in Zambia. Original primary qualifications are to be physically presented to the Council at the time of registration for inspection purposes only.
- h) One passport size photograph (white background-observe formal dressing).
- i) Certified Copy of NRC or Passport for non-Zambians.
- j) Proof of verification of professional qualification from Zambia Qualifications Authority (ZAQA) or ECFMG.
- k) All academic and professional qualifications in foreign language should be translated to English by a recognised institution.

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

5.2 Issuance of Temporary Certificate

- a) Where an applicant submits a completed HPCZ Temporary registration application form, the Registration Certificate shall be issued **within thirty (30)** days of the application.
- b) Temporary registration shall be valid for **two years** for all health practitioners.
- c) Upon successful completion of the registration period, a Practitioner shall apply for Full Registration after being recommended by their Supervisor and endorsed by the head of the institution.
- d) If a practitioner does not meet the minimum requirements for full registration within the prescribed period for temporary registration, they may apply for provisional

registration and such practitioner shall remain on the provisional register for a maximum period of one year. Where the one year period elapses and the practitioner still does not meet the requirements for full registration, the Council shall cancel the provisional registration certificate in accordance with **Section 14 (d)** of the Act and ban the practitioner from registration for a **maximum period of six (6) months. The practitioner will then have to be recommended for re-assessment for them to begin a new circle of Temporal Registration.** During this period, the practitioner shall not be attached to any health facility.

- e) Notwithstanding (d) above, a practitioner may re-apply for registration in the prescribed manner and form.
- f) If the practitioner still does not meet the requirements for full registration due to unsatisfactory performance when the maximum period of **two (2) years** provided for provisional registration elapses, the Council shall cancel the registration certificate in accordance with **Section 14(d)** of the Act, and the practitioner will be deemed ineligible to register as a health practitioner.
- g) A duplicate certificate of registration may be issued **within 30 days** of application to a practitioner whose certificate is lost or destroyed in the prescribed manner and form upon payment of a fee and upon submission of a Police report.

5.3 Conditions for Temporary Registration Certificates

The holder of a Temporary Registration Certificate shall comply with the following conditions for the certificate:

- a) Registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act. The health practitioner should comply with the *Professional Code of Ethics and Discipline: fitness to practice.*
- b) The Council should be informed within seven days in a prescribed manner and form after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- c) A holder of a registration certificate shall not practice without a valid annual Practicing certificate in accordance with **Section 15** of the Act.
- d) The practitioners shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.
- e) Practitioners on temporary registration shall submit a duly completed Privilege to Supervise Form.

The Temporary Registration Certificate becomes null and void if any of the above conditions is abrogated by the holder.

6 Section 6: Limited Registration

A person who qualifies from a health training programme from a recognised institution outside Zambia may apply for Limited registration for a period not exceeding six months in the prescribed manner and form upon payment of the prescribed fee.

6.1 Requirements for Limited Registration

The following are the requirements for limited registration:

- a) Duly completed HPCZ Limited registration application form
- b) Certified declaration by a Commissioner for Oaths/Notary Public
- c) Letter of invitation/offer of employment from a prospective employer in Zambia specifying the nature of activities to be carried out.
- d) Proof of Registration from the Country of Origin or Country the practitioner last practised.
- e) Certificate of Status (Good standing) from the country the practitioner last Practiced.
- f) Certified copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by a commissioner for oaths/Notary Public or the embassy representing his/her country in Zambia
- g) Completed Privilege-to-Supervise-Form by an approved Supervisor.
- h) One passport size photograph (white background-observe formal dressing).
- i) Certified Copy of Passport
- j) Proof of payment of registration fee.
- k) Proof of payment for Professional Code of Ethics booklet.
- l) All academic and professional qualifications in foreign language should be translated to English by a recognised institution.

6.2 Procedure for Application for Limited Registration

The following shall be the procedure for Limited Registration:

- a) Submission of duly completed application forms to the Council.
- b) The Council shall verify and validate the applications submitted.
- c) Where the application is approved, a registration certificate shall be issued with conditions specified in **Guideline 6.4**.
- d) Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

6.3 Issuance of Limited Registration Certificate

- a) A registration certificate shall be issued within **thirty (30)** days of an application.
- b) Limited registration shall be valid for **six (6) months** for all health practitioners.
- c) Limited registration shall only be extended once for a further period of **six (6) months**.
- d) If the practitioner wishes to further extend their registration period beyond the period stated above, they shall apply for a Temporary Registration in the prescribed manner and form upon payment of the prescribed fee.

6.4 Conditions for Limited Registration Registration Certificates

The holder of a Limited Registration Certificate shall comply with the following conditions for the certificate:

- a) The registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- b) The health practitioner shall comply with the *Professional Code of Ethics and Discipline: Fitness to Practice*.
- c) Where a health practitioner changes his or her particulars, the practitioner shall inform the Council of the changes made in a prescribed manner and form within fourteen days (14) of such change as required by **Section 13** of the Act.
- d) The practitioner(s) shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.
- e) The practitioner shall only practice within the institution / facility under which the license was issued. In the event of closure of the inviting institution or facility, the practitioner shall inform the council and license shall be invalid.

The Limited Registration Certificate becomes null and void if the holder abrogates any of the above conditions.

7 Section 7: Full Registration

All Health Practitioners who have successfully completed their provisional or temporary registration period are eligible for Full registration.

7.1 Requirements for Full Registration

The following are the requirements for Full registration:

- a) Duly completed HPCZ full registration application form
- b) Certified declaration by a Commissioner for Oaths/Notary Public
- c) Duly completed assessment form by a **registered supervisor** of the same profession or a Medical Doctor.
- d) Recommendation letter from the head of the institution.
- e) Proof of completion of internship for Medical Doctors, Medical Licentiate Practitioners, and Dental Surgeons
- f) For Pharmacists, full registration shall be subject to attaining of CPD points from a CPD provider which shall be determined by the Council from time to time.
- g) One passport size photograph (white background-observe formal dressing)
- h) Certified copy of Professional Qualification (s)
- i) Certified copy of previous HPCZ Registration certificate (Provisional/Temporary)
- j) Must have worked for a period of **not less than 12 Months** for those professions that do not undergo internship
- k) Must have worked for a period of not less than **12 Months** and not more than **48 Months** for professions that are required to undergo internship.

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejection.

7.2 Issuance of Full Registration Certificate

- a) A Registration Certificate shall be issued within **thirty (30)** days of an application.
- b) Full registration is permanent if a health practitioner remains in good standing but shall be subject to review every ten years. For the purposes of reviewing the health practitioner's standing, the health practitioner shall submit a letter of good standing from their institution or professional association (where applicable) and proof of CPD.
- c) A practitioner whose certificate of registration is destroyed or lost may apply for a duplicate certificate. The duplicate certificate shall be issued **within 30 days** of the practitioner's application, provided that the application is in the prescribed manner and form, upon payment of prescribed fees and submission of a Police report.

7.3 Conditions for Full Registration Certificates

The holder of a Full Registration Certificate shall comply with the following conditions for the certificate:

- a) Registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- b) The health practitioner should comply with the *Professional Code of Ethics and Discipline: Fitness to Practice*.
- c) Where a health practitioner changes his or her particulars, the practitioner shall inform the Council in a prescribed manner and form within fourteen days (14) of such change as required by **Section 13** of the Act.
- d) The practitioners shall not practice beyond the scope for which he or she is certified to practice.

The Full Registration Certificate becomes null and void if the holder abrogates any of the above conditions.

8 Section 8: Specialist Registration

A health practitioner who is a fully registered degree holder and has obtained a registrable postgraduate qualification(s) in a field relevant to the primary qualification is eligible to apply for Specialist Registration.

Applicants who are already registered as specialists in another country can apply directly for specialist registration but will be required to undergo a supervised attachment under a local specialist in a teaching hospital or HPCZ approved facility (for non-clinical specialists) for a period of 3 months or 144 contact hours.

8.1 Requirements for Specialist Registration

A person who wishes to register as a specialist shall submit the following documents to the Council:

- a) Duly signed application form
- b) Duly completed assessment form by an approved supervisor.
- c) Duly completed HPCZ application form for specialist registration and signed by a Commissioner for Oaths appropriately.
- d) Recommendation letters from the Head of the Institution or Professional Association and from a specialist of the same speciality or proxy.
- e) Certified copies of Full Registration Certificate and current Annual Practising Certificate
- f) A detailed curriculum vitae
- g) One passport size photograph with white background (Observe formal dress).
- h) Certified copy of the National Registration Card or Passport for foreign nationals.
- i) Certified copies of academic certificate of primary and postgraduate qualifications from a recognised training institution.
- j) Validated and verified qualifications by Zambia Qualifications Authority (ZAQA) or Education Commission for Foreign Medical Graduates (ECFMG). (For foreign trained specialists).

For applicants registered as specialists by another regulatory board and wish to apply for direct registration, the following additional requirements shall apply:

- k) Certificate of good standing from the country of origin or country last practiced.
- l) Proof of specialist registration from the country of origin or country last practiced.
- m) Certified copy of certificate of competency in English Language (for non-English speaking countries).

8.2 Issuance of Specialist Registration Certificate

- a) A Specialist Registration Certificate shall be issued **within ninety (90) days** of application for registration.
- b) Specialist registration is permanent.
- d) A practitioner whose certificate of registration is destroyed or lost may apply for a duplicate certificate. The duplicate certificate shall be issued **within 30 days** of the practitioner's application, provided that the application is in the prescribed manner and form, upon payment of prescribed fees and submission of a Police report.

8.3 Conditions for Specialist Registration Certificate

The holder of a specialist registration certificate shall comply with the following conditions:

- a) Registration certificate shall only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- b) A holder of specialist registration certificate shall not permit his name to be used by a person who is not registered as a specialist.
- c) Where a health practitioner changes his or her particulars, the practitioner shall inform the Council in a prescribed manner and form within fourteen days (14) of such change as required by **Section 13** of the Act.
- d) The practitioner shall not practice beyond the scope for which he or she is registered.
- e) No unauthorized entry, alteration or erasure shall be made on the Specialist registration certificate or a certified copy.
- f) The health practitioner shall uphold the *Professional Code of Ethics and Discipline: Fitness to Practice*.

The Specialist Certificate becomes null and void if any of the above conditions is abrogated by the holder.

9 Section 9: Supernumerary Registration

A person who wishes to apply for supernumerary registration must have a registerable degree and has been admitted in a recognised training institution in Zambia offering a master's degree in a health-related programme.

Applicants who are already registered on full registration with the Council may also be considered for supernumerary registration in a prescribed form and manner determined by the Council.

9.1 Requirements for Supernumerary Registration

The following are the requirements for supernumerary registration:

- a) Duly signed application form
- b) Duly completed HPCZ application form for supernumerary registration and signed by a Commissioner for Oaths appropriately.
- c) Acceptance letter from the training Institution where they have been admitted
- d) A detailed curriculum vitae
- e) One passport size photograph with white background (Observe formal dress).
- f) Certified copy of the National Registration Card or Passport for foreign nationals.
- g) Certified copies of academic certificate from a recognised training institution.
- h) Validated and verified qualifications by Zambia Qualifications Authority (ZAQA) or Education Commission for Foreign Medical Graduates (ECFMG). (For foreign trained applicants).

9.2 Issuance of Supernumerary Registration Certificate

- a) A Supernumerary Registration Certificate shall be issued **within thirty (30) days** of application for registration.
- b) Supernumerary registration is valid for four (4) years.
- c) A student practitioner whose certificate of registration is destroyed or lost may apply for a duplicate certificate. The duplicate certificate shall be issued **within 30 days** of the practitioner's application, provided that the application is in the prescribed manner and form, upon payment of prescribed fees and submission of a Police report.

9.3 Conditions for Supernumerary Registration Certificate

The holder of a supernumerary registration certificate shall comply with the following conditions:

- g) Registration certificate shall only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- h) A holder of supernumerary registration certificate shall not permit his name to be used by a person who is not registered as a student practitioner

- i) Where a health practitioner changes his or her particulars, the practitioner shall inform the Council in a prescribed manner and form within fourteen days (14) of such change as required by **Section 13** of the Act.
- j) The practitioner shall not practice beyond the scope for which he or she is registered.
- k) No unauthorized entry, alteration or erasure shall be made on the supernumerary registration certificate or a certified copy.
- l) The health practitioner shall uphold the *Professional Code of Ethics and Discipline: Fitness to Practice*.

The supernumerary Certificate becomes null and void if any of the above conditions is abrogated by the holder.

10 Section 10: Practicing Certificate

A person shall not practice as a health practitioner, unless that person holds a valid practicing certificate issued by the Council as provided for by **Section 15** of the Act.

This applies to all health practitioners registered on provisional, temporary, full, limited or specialist register.

10.1 Requirements for Issuance of Practicing Certificate

Applicants for a Practicing Certificate shall meet the following requirements:

- a) A health practitioner shall apply for a practicing certificate in a prescribed manner and form upon payment of prescribed fees.
- b) Valid registration certificate.
- c) Proof of payment of the prescribed fees
- d) Proof of CPD (Electronic CPD or hardcopy CPD booklets) with required CPD points or equivalent. CPD is required to be submitted by all registered practitioners except specialists, lecturers, tutors, and any other professions as prescribed.

Note If the provisional or temporary registration is expired, the practitioner shall be required to simultaneously apply for the extension of registration and the practicing certificate.

10.2 Issuance of Practicing Certificate

- a) The Council shall issue a practicing certificate to the applicant who meets the requirement for practicing certificate as stipulated in **Guideline 9.1** above.
- b) The practicing certificate shall be valid for one year and shall expire every 31st of December regardless of the date of issuance.
- c) The practicing certificate is renewable as provided for in **Section 18** of the Act. The practitioner shall renew the practicing certificate in a prescribed manner and form upon payment of prescribed fees as stipulated in Regulation 6(1) of SI 95 of 2012.

- d) A practitioner whose certificate of registration is destroyed or lost may apply for a duplicate certificate. The duplicate certificate shall be issued **within 30 days** of the practitioner's application provided that the application is in the prescribed manner and form and upon payment and submission of a Police report as provided for under **Section 25** of the Act

10.3 Conditions for Practicing Certificates

The holder of a practicing certificate shall comply with the following conditions for the certificate.

- a) Practicing certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- b) The practitioner shall uphold the *Professional Code of Ethics and Discipline: Fitness to Practice*.
- c) Where a health practitioner changes his or her particulars, the practitioner shall inform the Council of the changes made in a prescribed manner and form within fourteen days (14) of such change as required by **Section 13** of the Act.
- d) The practicing certificate issued is valid for use in a licensed health facility/recognized institution in Zambia.
- e) The practitioner shall not practice beyond the scope for which he or she is certified to practice.

The Practicing Certificate becomes null and void if any of the above conditions is abrogated by the holder.

11 Section 11: Certificate of Good Standing or Status

The Council may issue a Certificate of Status (CS) or Certificate of Good Standing (CGS) to a Health Practitioner upon request in accordance with **Section 26** of the Act.

11.1 Requirements for Issuance of Certificate of Good Standing

The following are the requirements for Certificate of Good Standing:

- a) Completed application form.
- b) Recommendation by the head of institution or a supervisor in the same field, where the applicant last practised, or recommendation by professional association where applicable (in **Part II** of the application form).
- c) Full or specialist registration with a valid annual practicing certificate. Practitioner must have worked for a minimum period of one year.
- d) Payment of the prescribed fee
- e) Evidence that the practitioner is not under any investigation by the Council.

11.2 Requirements for Issuance of Certificate of Status

The following are the requirements for Certificate of Status:

- a) Completed application form.
- b) Payment of the prescribed fee.

11.3 Procedure for Application for Certificate of Good Standing or Status

- a) The applicant shall submit to the Council duly completed Form requesting for CGS/CS
- b) **Part II** of the CGS form shall be filled in by the head of institution or the supervisor at the current institution of practice or at the last place of practice if the applicant is not currently in practice (or the professional association where applicable).
- c) The Council shall process a duly completed application form **within thirty (30) days** of the application.
- d) Where the application is approved, a CGS/CS shall be issued with conditions specified in **Guideline 11.5**.
- e) Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejection.

11.4 Issuance of Certificate of Good Standing or Status (CGS/CS)

- a) The Council shall issue a CGS/CS to the applicant who meets the requirements for CGS as stipulated in Section 11.1 or for CS in Section 11.2.
- b) The certificate shall be valid for six months from the date of issue.
- c) The Certificate of Good Standing/Certificate of Status is not renewable.
- d) A practitioner whose CGS/CS is destroyed or lost may apply for a duplicate certificate by filling in form X as specified in Regulation 11 of SI 95 of 2012. The duplicate certificate shall be issued **within 30 days** of the practitioner's application provided that the application is in a prescribed manner and form and upon payment and submission of a Police report as provided for under **Section 25** of the Act

11.5 Conditions for Certificates of Good Standing or Status

The holder of a CGS/CS shall comply with the following conditions for the certificate:

- a) Registration certificate shall only be used by the practitioner in whose name it is issued as provided for in Section 22 of the Act.
- b) The health practitioner should continue upholding the *Professional Code of Ethics and Discipline: Fitness to Practice*.
- c) The CGS/CS becomes null and void if any of the above conditions are abrogated by the holder.

12 Section 12: Registers for Practitioners

12.1 Custody and Maintenance of Practitioner Register

Section 27 of the Act provides for the custody and maintenance of registers for practitioners. The Registers for all the professions registered with the Health Professions Council of Zambia shall be kept and maintained by the Registrar under the Registration Department. The registers shall contain the details and particulars relating to:

- a) Fully registered health practitioners
- b) Annual Practicing certificates
- c) Provisional certificates of registration
- d) Temporary certificates of registration
- e) Limited certificates of registration
- f) Specialist certificate of registration (Sub and Super Specialty)
- g) Supernumerary certificate of registration
- h) Applications rejected and reasons, therefore.
- i) Any other information the Council may determine.

The registers shall be open for inspection by the members of the public during normal office working hours upon application in writing and payment of such fees as the Council may determine.

12.2 Cancellation of Practicing Certificate

- 1) The Council shall cancel the practicing certificate of a health practitioner in accordance with **Section 19** of the Act if the holder:
 - a) is found guilty of any professional misconduct.
 - b) is declared to be of unsound mind.
 - c) is undischarged bankrupt.
 - d) contravenes the provisions of the Public Health Act or Cap 295 or any other relevant laws.
 - e) obtained the practicing certificate through fraud, misrepresentation, or concealment of a material fact; or
 - f) commits an offence under this Act or contravenes the Code of Ethics.
- 2) The Council shall, before cancelling the Practicing certificate, give the health practitioner an opportunity to be heard by informing the holder of its intention to suspend or cancel the practicing certificate in Form VIII set out in the First Schedule of SI 95 of 2012.
- 3) The holder of the practicing certificate shall be given **Fourteen (14) working** days from the date they got served with a notice to respond to the charge.
- 4) Where the Registrar is not satisfied with the response or the time of notice elapses, the Council shall proceed to suspend or cancel the practicing certificate. Where the Council cancels the practicing certificate, the practicing certificate held by the health practitioner shall be void and shall be surrendered to the Council.

12.3 Cancellation of Registration

- 1) The Council shall Cancel the registration of a health practitioner in accordance with **Section 14** of the Act where:
 - a) the Council has reasonable grounds to believe that the registration was obtained through fraud, misrepresentation, or concealment of any material fact.
 - b) the health practitioner is found guilty of professional misconduct under this Act or the Code of Ethics.
 - c) the health practitioner has ceased to be employed by, or to practise at a health facility for which the registration was obtained.
 - d) the period for which the registration of the health practitioner was issued has lapsed.
 - e) the health practitioner is convicted of an offence under any law under this act; or
 - f) since the registration, circumstances have arisen disqualifying the health practitioner from registration.
- 2) The Council shall, before cancelling the registration of a health practitioner, give the health practitioner an opportunity to be heard by informing the holder of its intention to suspend or cancel the registration certificate. The holder of the registration certificate shall be given **Fourteen working (14)** from the date of being served with a notice to respond.
- 3) Where the Registrar is not satisfied with the response or the time of notice elapses, the Council shall proceed to suspend or cancel the registration certificate. Where the Council cancels the registration of a practitioner, the practitioner shall be deemed not to have been registered and shall have their name removed from the register.

12.4 Inactive Practitioner (Non-Practicing) Status

- a) The Council may, where a health practitioner informs the Registrar that the health practitioner does not intend to practise for a specified period of time, maintain the name of the health practitioner on the Register, in a non-Practicing category, for that period of time. This is in accordance with **Section 23 (3)** of the Act.
- b) The Practitioner in non-Practicing category shall not be deemed to be defaulting in terms of annual fees for practicing certificate for the period under which they are inactive.

12.5 Removal of Practitioner from the Register

- a) The Council shall remove a health practitioner from the Register in accordance with **Section 23** of the Health Professions Act.
- b) A health practitioner who is removed from the Register ceases to be a registered health practitioner.

12.6 Procedure for Appeal

- a) Section 29 of the Act provides that a person aggrieved with a decision of the Council may, within thirty (30) days of receiving the decision, appeal to the Minister.
- b) A person aggrieved with a decision of the Minister may, within thirty (30) days of receiving the decision, appeal to the High Court.

12.7 Procedure for Restoration or Re-Registration

- 1) **Section 24** of the Health Professions Act provides that where the registration of a health practitioner has been cancelled or suspended, the health practitioner affected may apply for re-registration. Re-registration may be granted in some circumstances where:
 - a) The de-registration is successfully reversed on appeal.
 - b) The health practitioner has completed the suspension period or met the condition for lifting of the suspension.
 - c) The cancellation was erroneously done.
 - d) circumstances have arisen that exonerate the health practitioner from the act or omission that led to the cancellation.
- 2) A practitioner applying for re-registration is required to submit a recommendation from a fully registered peer health practitioner.

12.8 Application for Extracts from the Register

A practitioner may apply to the Council for an extract from the register upon payment of prescribed fees as the Council may determine, in accordance with **Section 27 (3)** of the Act.

12 Appendices

Appendix 1: Application form for Student Registration (Indexing)

Form Ia



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
 Plot 6640 Mberere, Road Olympia
 P.O BOX 32554 Lusaka 10101, Zambia. Tel: +260 211 236241
 Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069
 Email: info@hpcz.org.zm Website: www.hpcz.org.zm

STUDENT REGISTRATION (INDEXING) APPLICATION FORM

FOR OFFICIAL USE ONLY	
STUDENT REGISTRATION NO

Surname.....Middle name.....Forename.....

Gender..... Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality.....

NRC No:

0	0	0	0	0	0	0	0	-	0	0	-	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Passport No. (ONLY if not in possession of NRC)

Physical address.....

Tel/Mobile:

--	--	--	--	--	--	--	--	--	--	--	--

Email address.....

Name and Phone No. of Next of Kin.....

Training Institution.....

Training Programme:.....

Intake (month/year of enrolment).....

Previous Training Institution attended (If any).....

Secondary School Attended (as indicated on the Grade 12 Certificate or its equivalent)

.....

Number of 'O' Level subjects attempted

Mandatory subjects Passed (indicate grade on applicable subjects)

English..... Mathematics.....Biology/Agricultural Science

.....

Physics..... Chemistry.....Science

.....

Any other subject.....

(Name).....

DECLARATION

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 and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of20

Before me.....
Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Copy of acceptance letter/ proof of enrolment from the training Institution
- b) Proof of payment of fees
- c) Certified copy of the Grade 12 certificate or its equivalent (*Equivalents must be evaluated by the Examinations Council of Zambia (ECZ) and verified by Zambia Qualifications Authority (ZAQA)*)
- d) A certified copy of the National Registration Card/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph (*colour photograph with white background-observe formal dressing*)

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

FOR OFFICIAL USE	
(Accounts Department)	
Amount Paid.....Receipt No.Signature Date stamp	
(Registration Department)	
Reviewed and verified by (Name).....Signature..... Date.....	
Approved by (Name).....Signature.....Date	
(This must include ECZ verification)	

Appendix 2: Change of student Information

Form Ib



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
 Plot 6640 Mberere, Road Olympia
 P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
 Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069
 Email: info@hpcz.org.zm Website: www.hpcz.org.zm

CHANGE OF INFORMATION FORM – REGISTERED STUDENT

FOR OFFICIAL USE ONLY	
STUDENT REGISTRATION NO

Surname..... Middle name..... Forename(s).....

Gender..... Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Nationality.....

NRC No:

0	0	0	0	0	0	0	0	-	0	0	-	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Passport No. (ONLY if not in possession of NRC):

Physical address.....

Tel/Mobile:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address.....

Name and Phone No. of Next of Kin.....

Training Institution.....

Training Programme.....

Intake..... (month/year of enrolment)

Changes to be made

Reasons for the Change

DECLARATION

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 and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20.....

Before me.....
Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS

If changing training institutions:

- Attach a copy of acceptance letter from the new Training institution
- Clearance letter from the current Training Institution
- Proof of payment

If changing program of study

- Attach letter of approval to Change program of study from training institution.
- Proof of payment

For any other Changes

- Attach any applicable documentation
- Proof of payment of fees

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

FOR OFFICIAL USE
<p>(Accounts Department)</p> <p><i>Amount Paid.....Receipt No. Signature Date stamp</i></p>
<p>(Registration Department)</p> <p><i>Reviewed and verified by (Name).....Signature..... Date.....</i></p> <p><i>Approved By (Name).....Signature.....Date</i></p> <p><small>(This approval must include ECZ verification)</small></p>

Appendix 3: Application for practitioner indexing

PRACTITIONER INDEX NO.....



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere, Road Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel: +260 211 236241
Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR PRACTITIONER INDEXING

Surname.....Forename(s).....
Sex: female () Male () Date of birth/...../..... Nationality.....
NRC No.Passport No. (**ONLY if not in possession of NRC**).....
Physical address.....
Tel/Mobile.....
Email address.....
Name and Phone No. of Next of Kin or prospective Employer.....
Qualification Level according to Zambia Qualifications Authority/ ECFMG () Certificate (), Diploma (),
Bachelor’s Degree () Masers Degree () PhD ()
Programme(s) Pursued:.....
Training Institution (s).....
Profession of applicant.....
Type of registration certificate previously held

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 and that I make this solemn declaration conscientiously believing
the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20

Before me.....
Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Certified Professional Qualification (s)
- b) Proof of payment of fees
- c) Proof of a valid Certificate of Good Standing/ Certificate of Status and/or Practicing Certificate
- d) Certified photocopy of the National Registration ID/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph with white background (Observe formal dress code strictly no veil)
- f) Proof of registration from Country of origin or Country the practitioner last practiced.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

FOR OFFICIAL USE
<p>(Accounts Department)</p> <p><i>Amount Paid.....Receipt No. Signature Date stamp</i></p>
<p>(Registration Department)</p> <p><i>Reviewed and verified by (Name).....Signature..... Date.....</i></p> <p><i>Approved By (Name).....Signature.....Date</i></p>

Appendix 4: Application for Provisional Registration

Form II



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot 6640 Mberere Road, Olympia

P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241

Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069

Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR PROVISIONAL REGISTRATION AS A HEALTH PRACTITIONER

(Provisional certificate is valid for two years and applicable to a person whose qualification was obtained in Zambia from a training institution recognized by the Council)

Surname.....Fore name(s).....

Profession.....Sex..... Date of birth.....

NRC No..... Passport No. (**ONLY if not in possession of NRC**).....

Nationality.....Tel/Mobile.....

Physical Address..... Postal Address

Email address.....

Name and Phone No. of Next of Kin.....

Training Institution.....

Duration of Training:.....years, from.....to.....

DECLARATION

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- That my name has never been removed from the register kept in accordance with the laws of any country in which I have practiced my profession; and
- 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 20

Before me.....

Commissioner of Oaths/Notary Public

Appendices:

- Copy of licensure examinations results transcript.
- Certified copies of academic transcripts and professional qualification from a recognised training institution.
- One passport size photograph (white background-observe formal dressing).
- Certified copy of National Registration Card (NRC) or Passport for non-Zambians.
- Certified declaration form by the Commissioner of oaths or Notary Public.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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*
(Regional Manager)

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

Appendix 5: Application form for Temporary Registration
Form III



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR TEMPORARY REGISTRATION AS A HEALTH PRACTITIONER

(Temporary certificate is valid for two years and applicable to a person whose qualification was obtained outside Zambia)

Surname.....Fore name(s).....
 Profession.....Sex..... Date of birth.....
 NRC No..... Passport No. (**ONLY if not in possession of NRC**).....
 Nationality.....Tel/Mobile.....
 Physical Address..... Postal Address
 Email address.....
 Name and Phone No. of Next of Kin.....
 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 Practicing 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 practiced 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 20

Before me.....
Commissioner of Oaths/Notary Public

Appendices:

- a) Copy of licensure examinations results transcript.
- b) Completed HPCZ Temporary registration application form.
- c) Certified declaration form by the Commissioner of Oaths/Notary Public
- d) Proof of Registration from the Country of Origin or Country the practitioner Last Practiced (**Applicable for health practitioners who have worked abroad**)
- e) Certificate of Status (Good Standing) from the country the practitioner last practised (**Applicable for health practitioners who have worked abroad**)

- f) Certificate of competence in English from an institution recognised by HPCZ (*Applicable for health practitioners from non-English speaking countries*)
- g) Copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing that country in Zambia. Original primary qualifications are to be physically presented to the Council at the time of registration for inspection purposes only.
- h) One passport size photograph (white background-observe formal dressing).
- i) Certified Copy of NRC or Passport for non-Zambians.
- j) Proof of verification of professional qualification from Zambia Qualifications Authority (ZAQA) or ECFMG.
- k) All academic and professional qualifications in foreign language should be translated to English by a recognised institution.

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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*
(Regional Manager)

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

Appendix 6: Application form for Extension of Registration

Form III



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot 6640 Mberere Road, Olympia

P.O BOX 32554 Lusaka 10101, Zambia. Tel: +260 211 236241

Fax: +260 211 239317 Mobile 0770023624 +260 972666069

Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR EXTENSION OF PROVISIONAL, TEMPORARY AND LIMITED REGISTRATION

Surname.....Fore name(s).....
 Profession.....Gender..... Date of birth.....
 HPCZ Registration number.....Date of previous registration
 NRC No..... Passport No. (*ONLY if not in possession of NRC*).....
 Nationality.....Tel/Mobile.....
 Physical Address..... Postal Address
 Email address.....
 Name and Phone No. of Next of Kin.....
 Reasons for extension (circle)
 a) Not yet employed.
 b) Have not worked for the required period.
 c) Have not yet completed internship.
 d) Other (specify).....

Appendix:

Copy of HPCZ provisional/Temporary/Limited certificate

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Zambia National Commercial Bank	Account no 1808893000143	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

For Official use:

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

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

Verified and approved By (Name)..... *Signature* *Date*
(Senior Registration Officer)

**Appendix 7: Application form for Limited Registration
Form IV**



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website:www.hpcz.org.zm

APPLICATION FOR LIMITED REGISTRATION AS A HEALTH PRACTITIONER
(Limited registration is valid for 6 months and applicable to all qualified Professionals from outside the country coming to practice in Zambia for a limited period of up to six months)

Surname..... Fore name(s).....
Profession..... Sex..... Date of birth.....
NRC/Passport No. Nationality.....
Tel/Mobile.....
Physical Address..... Postal Address

Email address.....
Name and Phone No. of Next of Kin.....
Training Institution.....
Duration of Training.....years, from..... To.....
Name and Address of inviting Institution:

.....**Phone No.**

Have you ever applied for a certificate of registration under the Health Professions Act, 2009?

If yes, please give details below:

Certificate applied for:	Certificate No.	Location	Date of Application	Status of application (Granted, rejected or pending)*

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 Practicing 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 practiced my profession; and

- e) No inquiry is pending which may result in the action referred to in paragraphs (c) and (d); and that 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 20

Before me.....
Commissioner of Oaths/Notary Public

Appendices:

- a) Duly completed HPCZ Limited registration application form
- b) Certified declaration by a Commissioner for Oaths/Notary Public
- c) Letter of invitation/offer of employment from a prospective employer in Zambia specifying the nature of activities to be carried out.
- d) Proof of Registration from the Country of Origin or Country the practitioner last practised.
- e) Certificate of Status (Good standing) from the country the practitioner last Practiced.
- f) Certified copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by a Commissioner for oaths/Notary Public or the embassy representing his/her country in Zambia
- g) Completed Privilege-to-Supervise-Form by an approved Supervisor.
- h) One passport size photograph (white background-observe formal dressing).
- i) Certified Copy of Passport
- j) Proof of payment of registration fee.
- k) Proof of payment for Professional Code of Ethics booklet.
- l) All academic and professional qualifications in foreign language should be translated to English by a recognised institution.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

For Official use:

Amount Paid.....Receipt No.SignatureDate 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
(Regional Manager)

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

Appendix 8: Application form for Full Registration

Form V



HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

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

APPLICATION FOR FULL REGISTRATION AS A HEALTH PRACTITIONER

(Full Registration is permanent, subject to review after 10 years. Full registration is applicable to all practitioners on provisional and temporary registers who have successfully completed their practice under supervision)

Surname.....Fore name(s).....
Profession.....Sex..... Date of birth.....
NRC/Passport No.Nationality..... Tel/Mobile.....
Physical Address..... Postal Address
Email address.....
Employer's Address
Period of practice..... State months/years worked

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- That my name has never been removed from the register kept in accordance with the laws of any country in which I have practiced my profession; and
- 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 20

Before me.....

Commissioner of Oaths/Notary Public

Appendices:

- Duly completed HPCZ full registration application form
- Certified declaration by a Commissioner for Oaths/Notary Public
- Duly completed assessment form by a **registered supervisor** of the same profession or a Medical Doctor.
- Recommendation letter from the head of the institution.
- Proof of completion of internship for Medical Doctors, Medical Licentiate Practitioners, and Dental Surgeons
- For Pharmacists, full registration shall be subject to attaining of CPD points from a CPD provider which shall be determined by the Council from time to time.
- One passport size photograph (white background-observe formal dressing)
- Certified copy of Professional Qualification (s)
- Certified copy of previous HPCZ Registration certificate (Provisional/Temporary)

- j) Must have worked for a period of **not less than 12 Months** for those professions that do not undergo internship
- k) Must have worked for a period of not less than **12 Months** and not more than **48 Months** for professions that are required to undergo internship.

Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejection.

** A Health Practitioner who holds a Provisional or Temporary Registration Certificate and is eligible for full Registration must ensure that he/she applies for registration one month before expiry date.*

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

For Official use:

Amount Paid..... Receipt No. SignatureDate 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
(Regional Manager)

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

Appendix 9: Application for Specialist Registration

Form VI



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot 6640 Mberere Road, Olympia

P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241

Fax: +260 211 239317 Mobile 0770023624 +260 972666069

Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR SPECIALIST REGISTRATION AS A HEALTH PRACTITIONER

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

Surname..... Forename(s).....

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

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

Employer Name & Address.....

Primary Profession.....

Speciality.....

Subspecialty *(if applicable)*

Superspecialty *(if applicable)*

Training Institution (s).....

Duration of Training:years, from to

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- 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
- 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 20

Before me.....

Commissioner of Oaths/Notary Public

Appendices:

- Duly signed application form
- Duly completed assessment form by an approved supervisor.
- Duly completed HPCZ application form for specialist registration and signed by a Commissioner for Oaths appropriately.

- d) Recommendation letters from the Head of the Institution or Professional Association and from a specialist of the same speciality or proxy.
- e) Certified copies of Full Registration Certificate and current Annual Practising Certificate
- f) A detailed curriculum vitae
- g) One passport size photograph with white background (Observe formal dress).
- h) Certified copy of the National Registration Card or Passport for foreign nationals.
- i) Certified copies of academic certificate of primary and postgraduate qualifications from a recognised training institution.
- j) Validated and verified qualifications by Zambia Qualifications Authority (ZAQA) or Education Commission for Foreign Medical Graduates (ECFMG). (For foreign trained specialists).

For applicants registered as specialists by another regulatory board and wish to apply for direct registration, the following additional requirements shall apply:

- k) Certificate of good standing from the country of origin or country last practiced.
- l) Proof of specialist registration from the country of origin or country last practiced.
- m) Certified copy of certificate of competency in English Language (for non-English speaking countries).

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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.....
(Regional Manager)

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

Appendix 10: Application form for Certificate of Good Standing Form VII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR CERTIFICATE OF GOOD STANDING

(Certificate of Good Standing is valid for 6 months and applicable to all practitioners on full or specialist register)

PART 1 (FILLED BY APPLICANT)

Surname..... Forename(s)

Profession..... Gender Date of birth

NRC/Passport No. Nationality..... Tel/Mobile.....

Physical Address..... Postal Address

Email address.....

Employer's Address.....

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- 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
- 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 20

Before me.....

Commissioner of Oaths/Notary Public

Appendixes

- Completed application form.
- Recommendation by the head of institution or a supervisor in the same field, where the applicant last practised, or recommendation by professional association where applicable (in **Part B** of the application form).
- Full or specialist registration with a valid annual practicing certificate. Practitioner must have worked for a minimum period of one year.
- Payment of the prescribed fee
- Evidence that the practitioner is not under any investigation by the Council.

Notes

- a) Practitioners with cases in progress or pending with the disciplinary committee of the Health Professions Council of Zambia are not entitled to receive a certificate of good standing.
- b) Practitioners in annual fees arrears or with bad annual fees payment records will not be issued with a certificate of good standing.
- c) Practitioners must be on full or specialist register.
- d) Practitioners that need a certificate of good standing for gaining admission to a training institution or registration with other registration bodies should furnish necessary supporting documents in completion wherewith, or names of persons in-charge and addresses of such universities, training Institutions or registration bodies in lieu thereof.

PART II (To be completed by the head of the Institution or supervisor where the applicant is based, or the Professional Association)

I Prof/Dr/Mr/Ms (Full Name)
(Indicate Full Names as they appear in the Register)

ProfessionHPCZ Registration. No

Position at (Institution)

of P O Box..... Phone (Mobile).....

Email..... Being a practitioner of good standing, I do hereby declare that

I have been and I am well acquainted with the said Prof/Dr/Mr/Ms

HPCZ Reg. No..... For the pastyears, and further declare that

during this time he/she: -

- (i) Has been engaged in practice.
- (ii) Has conducted himself/herself well socially and in a responsible manner.
- (iii) His/Her character and conduct have been



.....

Signature

Official Stamp

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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
(Manager Registration)

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

Appendix 11: Application form for Certificate of status Form VIII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot 6640 Mberere Road, Olympia

P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241 Fax: +260 211 239317

Mobile: 0770023624

Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR CERTIFICATE OF STATUS

(Certificate of status is valid for 6 months and applicable to all practitioners on provisional, temporary, and limited registration)

Surname..... Forename(s)

Profession..... Sex Date of birth

NRC/Passport No.Nationality..... Tel/Mobile.....

Physical Address..... Postal Address

Email address.....

Employer's Address.....

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

- f) That the information provided in this form is correct and true
- g) That the attached documents are genuine
- h) That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- i) 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
- j) 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

Appendixes

- a) Copy of valid registration certificate
- b) Copy of valid annual Practicing certificate
- c) Proof of payment of a non-refundable fee
- d) One passport size photograph with white background (Observe formal dressing)

Notes

- a) Practitioners with cases in progress or pending with the disciplinary committee of the Health Professions Council of Zambia are not entitled to receive a certificate of status.

- b) Practitioners in annual fees arrears or with bad annual certificate renewal records will not be issued with a certificate of status.
- c) Practitioners must possess a valid provisional, temporary, or limited registration certificate.

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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*
(Manager Registration)

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

Appendix 12: Assessment Form for supervised practice

Name of applicant.....

(To be completed and returned in confidence by Head of Institution or approved supervisor of a Temporary or Provisional registered person to the Registrar Health Professions Council of Zambia)

	(Tick appropriately)	V/Good	Good	Fair	Poor
a. Knowledge of professional practice:					
b. Awareness of patient`s safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observance of professional ethics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work consciousness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintenance of professional integrity on/off duty:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Knowledge of Zambian Laws applicable to the profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Procedural accuracy in:					
i. Diagnostic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Prescriptive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to Learn					
i. on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Attitude to					
i. Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Members of other profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. General public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General comments.....

I hereby declare that the information given above is true and accurate to the best of my knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant.

.....
FULL NAMES OF HEAD OF INSTITUTION OR APPROVED SUPERVISOR	SIGNATURE	DATE STAMP

PROFESSION: HPCZ Full Reg. No:

Appendix 13: Internship Rotational Form

To be completed and returned to the Council in confidence by the Medical Doctor in charge of internship hospitals recognized by the Council).

1. Details of Internship Rotations:

Name of specialty	Duration (From/To)	Consultant Name & Signature
Medicine
Surgery
Obstetrics and Gynaecology
Paediatrics

Comments on the performance and conduct of the intern:

.....
.....
.....

I declare that the information given above is true and accurate to the best of my knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant for full registration.

.....
FULL NAMES OF HEAD OF INTERNSHIP HOSPITAL	SIGNATURE	DATE STAMP

Appendix 14: Privilege to Supervise Form

Form X

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm



APPLICATION FOR THE PRIVILEGES TO SUPERVISE PERSONS ON TEMPORARY / PROVISIONAL/ LIMITED REGISTERS

(Applicants must be either fully registered for at least two years or on the specialist register,
and of the same profession with equal or higher qualification than the supervisee)

PART I

1. Surname of applicant:
2. Other names:
3. Postal Address:
.....
.....
4. Business Address:
.....
.....
5. Profession:
6. Date when fully registered:
7. HPCZ Full Reg. No

PART II

1. Name of the person to be supervised:
2. Profession of the person to be supervised:
3. Name of the place where the supervision is to be carried out:
.....
4. Time of supervision: (State hours)
from: to:

Note*

If the inviting facility/organisation does not have an approved supervisor, then supervision should be sought from a registered health facility.

Upon completion of the provision of health services, an activity report should be submitted to the nearest District Health Office by the supervisor.

I hereby apply for the privilege to supervise and declare that the information given above is true and accurate to the best of my knowledge.

Date: Signature:

Appendix 15: Application form Duplicate Certificate

Form XII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR DUPLICATE REGISTRATION/PRACTICING CERTIFICATE

Surname.....Forename(s).....
Profession.....Sex..... Date of birth.....
NRC/Passport No.Nationality..... Tel/Mobile.....
Physical Address..... Postal Address
Email address.....Employer’s Address

State the Certificate requiring Duplicate:

- 1.
- 2.

Reasons for requesting Duplicate Certificate

- 1.
- 2.
- 3.

I (insert name) do solemnly
declare as follows:

- a) That the information provided in this form is correct and true
- b) That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- c) 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
- d) 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 20

before me.....
Commissioner of Oaths/Notary Public

Appendices:

- a) A valid affidavit or police report
- b) Proof of payment

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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
(Regional Manager)

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

Appendix 16: Application for Re-registration/Restoration

Form XIII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website:www.hpcz.org.zm

APPLICATION FOR RE-REGISTRATION/RESTORATION AS A HEALTH PRACTITIONER

Section A: Practitioner's Particulars

Surname.....Fore name(s).....

Profession..... Gender..... Date of birth.....

NRC/Passport No.Nationality..... Tel/Mobile.....

Physical Address..... Postal Address.....

Email address.....

Name and Phone No. of Next of Kin.....

Section B: Removal from the register (Section 23 of the Act)

Date removed from the Register..... Register type

Reason for removal from the register or cancelation (Kindly tick (/) applicable answer)

- | Reason for removal | Tick (/) |
|---|----------|
| a) the health practitioner is convicted of an offence under any law | |
| b) the Council has reasonable grounds to believe that the registration was obtained through fraud, misrepresentation, or concealment of any material fact | |
| c) the certificate of registration or the Practicing certificate of the health practitioner is cancelled | |
| d) the health practitioner is found guilty of professional misconduct under the Act or the Code of Ethics; | |
| e) the health practitioner has ceased to be employed by, or to practice at, a health facility for which the registration was obtained | |

- f) the period for which the registration of the health practitioner was issued has lapsed; or
- g) since the registration, circumstances have arisen disqualifying the health practitioner from registration

Other reason:

Section C: Reason for restoration/re-registration (Section 24 of the Act)

Reason for applying for restoration or re-registration **Tick (/)**

- a) The deregistration was successfully reversed on appeal (*Attach certified copy of appeal judgement*)
- b) The health practitioner has completed the suspension period or met the condition for lifting of the suspension (*Attach certified copy of the documents that proves that the conditions have been met*)
- c) The cancellation was erroneously done (*Attach certified copy of documents that proves that cancellation was done erroneously*)
- d) Circumstances have arisen that exonerate the health practitioner from the act or omission that led to the cancellation (*Attach certified copy of document that proves the exoneration*)

Other reason.....

I (insert name).....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) 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 20

Before me.....
Commissioner of Oaths/Notary Public

Appendices:

- a) Certified copy of the Notice of cancellation of registration certificate
- b) Supporting document for the restoration/re (*Refer to section C above*)
- c) A recommendation from a HPCZ fully registered peer in good standing
- d) One passport size photograph (color photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)

e) Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>

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*
(Manager Registration)

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

**Appendix 17: Application form for Extract from the Register
Form XIV**



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR EXTRACT FROM THE REGISTER OF HEALTH PRACTITIONERS

Surname.....Forename(s).....
Profession.....Gender.....
Date of birth NRC/Passport No.....
Nationality..... Tel/Mobile.....
Postal Address
Email address.....
Name of Institution.....

An extract from the Specialist Full Provisional Temporary
 Limited Register is requested. (Tick the applicable register/s)

Name or type of practitioner data to be extracted e.g Clinical officers general, Audiologists, Osteopaths
.....

From (state period*: month/year) to

Reasons for extracting information from register.....
.....
.....

I consent that the information requested will be used entirely for the stated purpose and any unauthorized disclosure of this extracted information shall render me liable for prosecution by HPCZ.

Applicant signature.....Date.....

FOR OFFICIAL USE ONLY

Registrar's comment.....

Signature.....Date.....

***NOTE: Practitioner data from 2010 to date only can be extracted from the register.**

Appendix 18: Specialist Rotation Form



HEALTH PROFESSIONS COUNCIL OF ZAMBIA SPECIALIST PERFORMANCE APPRAISAL FORM FOR A PERIOD OF 3 MONTHS OR 768 HOURS FOR CLINICAL ROTATION AND 480 HOURS FOR NON-CLINICAL ROTATION

(to be completed and returned to the council in confidence by the consultant/approved supervisor)

CONFIDENTIAL

Please read these instructions carefully:

1. This appraisal form is an official record.
2. The specialist applicant must complete the matrix only and forward it to the Consultant/Supervisor.

Practitioner's Name	Name of Current Workplace	Current Registration number if registered with HPCZ	Undergraduate Professional Qualification	Postgraduate Professional Qualification	Name of Training Institution for postgraduate qualification	Duration of Postgraduate Training	
						Year started training	Year completed training

SPECIALIST PERFORMANCE APPRAISAL

Name of practitioner supervised.....

Name of Department.....Duration of Supervised practice from..... /...../.....To...../...../..... At (name of teaching hospital).....in Zambia.

Field of specialization.....

*Comments on the performance and conduct of the practitioner during rotations (to be completed by the Consultant or a registered specialist in the same field as the appraisee)

.....

.....

.....

.....

.....

.....

I declare that the information given above is true and accurate to the best of my knowledge, and: (tick appropriately)

I RECOMMEND Prof/Dr/Mr/Ms..... for Specialist registration.

I DO NOT RECOMMEND Prof/Dr/Mr/Ms..... for specialist registration and recommend this follow-up action:-

.....
.....
Name of Teaching Hospital.....
Full Names of The Supervisor..... Signature
HPCZ SPECIALIST REGISTRATION No.....
FIELD OF SPECIALIZATION..... *Date Stamp*.....

Appendix 19: Application form for supernumerary Registration

Form 1d

INDEX NO.....



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website:www.hpcz.org.zm

APPLICATION FOR SUPERNUMERARY REGISTRATION

(For all postgraduate students enrolled in health training programs)

Surname.....Forename(s).....
Gender: female () Male () Date of birth/...../..... Nationality.....
NRC No.Passport No. (*ONLY if not in possession of NRC*).....
Physical address.....
Tel/Mobile.....
Email address.....
Name and Phone No. of Next of Kin or prospective Employer.....
Qualification Level according to Zambia Qualifications Authority/ ECFMG () Certificate (), Diploma (),
Bachelor’s Degree () Masers Degree () PhD ()
Programme (s) Pursued:.....
Training Institution (s).....
Profession of applicant:.....
Type of registration certificate previously held.....

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 and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20

Before me.....
Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Certified Professional Qualification (s)
- b) Proof of payment of fees
- c) Proof of a valid Certificate of Good Standing/ Certificate of Status and/or Practicing Certificate
- d) Certified photocopy of the National Registration ID/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph with white background (Observe formal dress code strictly no veil)
- f) Proof of registration from Country of origin or Country the practitioner last practiced.

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

For Official use:

Amount Paid.....Receipt No.SignatureDate stamp
(Accounts Unit)

Reviewed By (Name).....Signature..... Date.....
(Registration Officer- Indexing)

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

Recommended By (Name)..... Signature Date
(Regional Manager)

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

Appendix 20: Application form for HPCZ Registration

Form 1



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
 Plot 6640 Mberere Road, Olympia
 P.O BOX 32554 Lusaka 10101, Zambia. Tel: +260 211 236241
 Fax: +260 211 239317
 Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR REGISTRATION WITH HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Surname.....Forename(s).....
 Gender: female () Male () Date of birth/...../..... Nationality.....
 NRC No.Passport No. (**ONLY if not in possession of NRC**).....
 Physical address.....
 Postal address.....
 Tel/Mobile.....
 Email address.....
 Name and address of employer.....
 Profession of
 applicant.....

I hereby apply for Provisional/Temporary/Full registration/Specialist with the Health Professions Council of Zambia

.....
 Signature of the Applicant DATE

The fee for registration is

NB: This form must be duly completed by **ALL** practitioners who were registered under the Medical Council and Allied Professions Act Cap 297 of the Laws of Zambia only.
 The practitioner **MUST** surrender the Provisional/Temporary/Full/Specialist Registration Certificate issued under the Medical Council and Allied Professions Act Cap 297 of the Laws of Zambia

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

For Official use:

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

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

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

Recommended By (Name)..... *Signature* *Date*
(Regional Manager)

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

Appendix 21: List of registers

S/N	REGISTER NAME	REGISTER INDEX	STATUS
1	MEDICAL DOCTORS	3	OPEN
2	DENTAL SURGEONS	4	OPEN
3	PHARMACISTS	5	OPEN
4	ENVIRONMENTAL HEALTH OFFICERS	6	OPEN
5	ENVIRONMENTAL HEALTH TECHNOLOGISTS	7	OPEN
6	PHYSIOTHERAPISTS	8	OPEN
7	OCCUPATIONAL THERAPISTS	9	OPEN
8	RADIOGRAPHY TECHNOLOGISTS	10	OPEN
9	MEDICAL LABORATORY TECHNOLOGISTS	11	OPEN
10	MEDICAL LABORATORY TECHNICIANS	12	OPEN
11	DENTAL TECHNOLOGISTS	13	OPEN
12	CLINICAL OFFICERS - OPHTHALMOLOGY	14	OPEN
13	CLINICAL OFFICERS - PSYCHIATRY	14	OPEN
14	CLINICAL OFFICERS - ANAESTHESIA	14	OPEN
15	CLINICAL OFFICERS GENERAL /PSYCHIATRY/ANAESTHETIST	14	OPEN
16	CLINICAL OFFICERS GENERAL	14	OPEN
17	DENTAL THERAPISTS	15	OPEN
18	OPTOMETRISTS	16	OPEN
19	X-RAY ASSISTANTS	17	OPEN
20	PHARMACY TECHNOLOGISTS	18	OPEN
21	MEDICAL LICENTIATES	19	OPEN
22	ORTHOPAEDIC TECHNOLOGISTS	20	OPEN
23	SPECIALISTS	21	OPEN
24	EMERGENCY CARE OFFICERS	22	OPEN
25	BIOMEDICAL SCIENTIFIC OFFICERS	23	OPEN
26	DENTAL HYGIENISTS	24	OPEN
27	PHAMACOLOGISTS	25	OPEN
28	OSTEOPATHISTS	26	OPEN
29	PODIATRISTS	27	OPEN
30	AUDIOLOGISTS	28	OPEN
31	PHYSIOTHERAPY TECHNOLOGISTS	29	OPEN
32	RADIATION THERAPY TECHNOLOGISTS	30	OPEN
33	RADIATION THERAPISTS	31	OPEN
34	MEDICAL PHYSICISTS	32	OPEN
35	COMMUNITY ORAL HEALTH EDUCATORS	33	OPEN
36	ADVANCED PARAMEDICALS	34	OPEN
37	ADVANCED PARAMEDICAL - PSYCHIATRY	34	OPEN
38	ADVANCED PARAMEDICAL - OPHTHALMOLOGY	34	OPEN
39	ADVANCED PARAMEDICAL - DERMATOVENEREOLOGY	34	OPEN
40	ADVANCED PARAMEDICAL - ANAESTHESIA	34	OPEN
41	ADVANCED PARAMEDICAL - CLINICAL AUDIOLOGY & PUBLIC HEALTH OTOLOGY	34	OPEN
42	NUTRITION TECHNOLOGISTS	35	OPEN
43	OTHORTISTS/PROSTHETISTS	36	OPEN
44	CLINICAL PSYCHOLOGISTS	37	OPEN
45	PHARMACY DISPENSERS	38	OPEN
46	COMMUNITY HEALTH ASSISTANTS	39	OPEN
47	DENTAL LABORATORY SCIENTISTS	40	OPEN
48	RADIOGRAPHERS	41	OPEN

49	DENTAL ASSISTANTS	42	OPEN
50	ENVIRONMENTAL HEALTH OFFICERS	43	OPEN
51	SONOGRAPHERS	44	OPEN
52	SONOGRAPHY TECHNOLOGISTS	45	OPEN
53	PUBLIC HEALTH SCIENTISTS	46	OPEN
54	ULTRASOUND TECHNOLOGIST	47	OPEN
55	LABORATORY SCIENTIST	48	DISCONTINUED
56	SCIENCE LABORATORY TECHNICIAN	49	DISCONTINUED
57	SCIENCE LABORATORY TECHNOLOGIST	50	DISCONTINUED
58	PUBLIC HEALTH TECHNOLOGISTS	51	DISCONTINUED
59	PUBLIC HEALTH TECHNICIAN	52	DISCONTINUED
60	NUTRITIONISTS/DIETICIANS	53	OPEN
61	HEALTH PROMOTION OFFICER	54	DISCONTINUED
62	HEALTH PROMOTION TECHNOLOGIST	55	DISCONTINUED
63	HEALTH PROMOTION TECHNICIAN	56	DISCONTINUED
64	CHIROPRACTORS	57	OPEN
65	CLINICAL TECHNOLOGISTS - RESPIRATORY PULMONOLOGY	58	OPEN
66	CLINICAL TECHNOLOGISTS - CARDIOLOGY	58	OPEN
67	CLINICAL TECHNOLOGISTS - CARDIOVASCULAR PERFUSION	58	OPEN
68	CLINICAL TECHNOLOGISTS - CRITICAL CARE	58	OPEN
69	CLINICAL TECHNOLOGISTS - NEPHROLOGY	58	OPEN
70	CLINICAL TECHNOLOGISTS - NEUROPHYSIOLOGY	58	OPEN
71	CLINICAL TECHNOLOGISTS - REPRODUCTIVE BIOLOGY	58	OPEN
72	CLINICAL TECHNOLOGISTS - OPERATION THEATRE	58	OPEN
73	CLINICAL TECHNOLOGISTS - CARDIOVASCULAR TECHNOLOGY	58	OPEN
74	CLINICAL ANAESTHETIST OFFICERS	59	OPEN
77	SPEECH THERAPIST	62	OPEN
78	PLASTIC SURGEONS	63	OPEN
79	SUPERNUMERARY	64	OPEN
80	MENTAL HEALTH AND CLINICAL PSYCHIATRY OFFICERS	65	OPEN