



GUIDELINES FOR REGISTRATION OF HEALTH PRACTITIONERS

“Safeguarding the quality of health care services by regulating and monitoring the professional conduct of health practitioners”

2ND Edition. 2019

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Foreword

The Health Professions Council of Zambia (HPCZ) is a Statutory Regulatory Body established under an Act of Parliament. It is mandated to, among others, register health practitioners and regulate their professional conduct which includes the development of Guidelines for health practitioners.

The Council last reviewed the Guidelines for Registration of Health Practitioners in 2010. It is therefore necessary that these guidelines are updated in order to reinforce its relevance in the health profession as well as incorporate new and emerging issues in the process of registering and regulating health professionals. The registration of health practitioners is also meant to ensure that only duly qualified practitioners are registered and practice or engage in health care provision in Zambia.

In order to strengthen the mission of “safeguarding the quality of health care services by regulating and monitoring the professional conduct of health practitioners, health facilities and training institutions,” the Health Professions Council of Zambia continues to work towards promoting and upholding the Health Professions Code of Ethics and fitness to practice.

The Council draws its mandate from the Health Professions Act No. 24 of 2009 which empowers the Council to develop, enforce and maintain appropriate standards of practice as well as enhance the status of the health professions.

Dr. Kennedy Malama
Chairperson

List of Abbreviations

Acronym	Meaning
CGS	Certificate of Good Standing
CPD	Continuous Professional Development
ECFMG	Education Commission for Foreign Medical Graduates
GRZ	Government of the Republic of Zambia
HPCZ	Health Professions Council of Zambia
MMED	Master of Medicine
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.
Indexing	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.
Internship	A defined period of work experience offered to graduates of approved health training programme for a limited period of time in order for them to gain relevant skills and experience in their field of study.
Minimum Requirements	A set of standards that a defined health practitioners and students should satisfy before registration and indexing respectively.
Practicing Certificate	Refers to the certificate issued to a health practitioner.
Registration	The process of certifying a health practitioner fit for inclusion on 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.
Specialist	A fully registered health practitioner who holds a registrable degree and Post Graduate qualification in a recognized specialty approved by the Council.

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:

- Registration of health practitioners and regulation of their professional conduct
- licensing of health facilities and accreditation of health care services provided by health facilities
- Recognition and approval of Internship Programmes for health practitioners
- Conduct Licensure Examination for Health Practitioners

Vision

The vision of the Health Professions Council of Zambia is *“to be a leading regulator of health care 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 training institutions.”*

Core Values

1. *Integrity*
2. *Innovation*
3. *Service*
4. *Accountability*
5. *Excellence*
6. *Fairness*

In executing its mandate with regard to this core function of training, the Council shall continue to:

- Strengthen its policies and systems
- Register health practitioners
- Enforce CPD requirements for continued practice
- Undertake periodic compliance monitoring of health practitioners
- Update the database of health practitioners

- Enforce the Health Professions Act.

Executive Summary

The role of the Council is to register health practitioners and regulate their professional practice to assure the provision of quality health care services ethically and safely. It also ensures that students enrolled in health-related programmes meet the minimum requirements and inculcate professionalism and professional accountability at the early stages of professional development.

The current guidelines were developed in 2010, and while some requirements are still relevant, it is necessary to review them so that they incorporate new and emerging issues in the registration of health practitioners as well as valuable lessons learnt during the implementation of the 2010 Practitioner Registration Guidelines. In comparison to the first edition which had **six (6)** Sections, the Second Edition Guidelines has **ten (10)** Sections namely:

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

It is imperative to note that the guidelines have spelt out the eligibility and requirements for registration, procedures for application and conditions attached to each certificate. It is hoped that these guidelines will strengthen the registration of practitioners and enhance service delivery.

1 Section 1: General Provision

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. **Provisional Register**- for health practitioners trained in Zambia and have completed a health training programme approved by the Council.
2. **Temporary Register** - for health practitioners trained outside Zambia and are holders of a qualification recognized by the Council.
3. **Limited Register** – for health practitioners trained outside Zambia, wishing to provide health care services in Zambia for a limited period of time, at the request of a licensed health facility/registered organisation.
4. **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.
5. **Specialist Register** – for health practitioners who possess a degree as primary qualification and a recognised post graduate qualification in a field relevant to their primary qualification.

1.3 List of registrable professions

Code	Profession	Code	Profession
3	Medical Practitioners	30	Radiation Technologists
4	Dental Surgeons	31	Radiation Therapists
5	Pharmacists	32	Medical Physicists
6	Environmental Health Officers	33	Community Oral Health Educators
7	Environmental Health Technologists	34	Advanced Paramedicals
8	Physiotherapists	35	Nutrition Technologists
9	Occupational Therapists	36	Orthotists/Prosthetists
10	Radiography Technologists	37	Clinical Psychologists
11	Medical Laboratory Technologists	38	Pharmacy Dispensers
12	Medical Laboratory Technicians	39	Community Health Assistants
13	Dental Technologists	40	Dental Laboratory Scientists
14	Clinical Officer General	41	Radiographers
15	Dental Therapists	42	Orthopaedic Technicians
16	Optometrists/Opticians	43	Environmental Health Officers (BSc)
17	X-Ray Assistants	44	Sonographers
18	Pharmacy Technologists	45	Sonography Technologists
19	Medical Licentiate Practitioners	46	Public Health Scientists
20	Orthopaedic Technologists	47	Ultrasound Technologists
21	Specialists	48	Laboratory Scientists
22	Emergency Care Officers	49	Science Laboratory Technicians
23	Biomedical Scientific Officers	50	Science Laboratory Technologists
24	Dental Hygienists	51	Public Health Technologists
25	Pharmacologists	52	Public Health Technicians
26	Osteopaths	53	Nutritionists/Dieticians
27	Podiatrists	54	Health Promotion Officers
28	Audiologists	55	Health Promotion Technologists
29	Physiotherapy Technologists	56	Health Promotion Technicians
		57	Chiropractors

1.4 Procedure for opening a new register

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

- 1.4.1** The Professional Association for (or an individual of) the particular profession shall apply with a detailed needs assessment report which shall highlight the need for that profession to be registered by the Health Professions Council of Zambia.
- 1.4.2** The needs assessment report shall give details of the competencies and scope of practice of that particular profession.
- 1.4.3** 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.
- 1.4.4** Once the Council approves, a recommendation shall be made to the Minister for a new register.
- 1.4.5** Once the Minister approves the opening of a new register, the Council shall commence registration of the practitioners.

2 Section 2: Student Indexing

Student registration/Indexing is the process that allows the Council to ascertain whether students admitted in the various health sciences programmes meet the minimum entry requirements as well as verify the authenticity of their grade twelve results or its equivalent.

It involves assigning students with unique identifiers. This process applies to all those enrolled to undertake approved certificate, diploma and degree programmes in training institutions recognised by the Health Professions Council of Zambia.

2.1 Objectives of Student Indexing

- 2.1.1 To ensure that every enrolled student meets the minimum qualification requirement
- 2.1.2 To establish and maintain a database of students pursuing health programmes at certificate, diploma and degree level in recognised training institutions
- 2.1.3 To monitor compliance with admission criteria for students pursuing health-related training programmes
- 2.1.4 Determine the student-teacher ratio
- 2.1.5 Tracking the development of health professionals
- 2.1.6 Inculcate professionalism and professional accountability at the early stages of professional development
- 2.1.7 Education and sensitisation of students on various laws, policies and protocols and guidelines which establish the health profession
- 2.1.8 To provide a link between the learners, training institutions and HPCZ

2.2 Requirements for indexing locally-trained students

Indexing of students in approved training institutions shall be done within the **first month** of being enrolled in a training programme and the following shall be the requirements:

- 2.2.1 Duly completed Indexing Application Form
- 2.2.2 Copy of valid acceptance letter from the training Institution
- 2.2.3 Certified copy of the Grade 12 certificate or its equivalent, with grade Credit or better in 5 subjects: English, Mathematics, Biology or Agricultural Science, Physics, Chemistry or Science, and any other subject. **(Equivalents must be equated to the Zambian system)**
- 2.2.4 Certified copy of the National Registration Card/ Passport
- 2.2.5 One passport size photograph
- 2.2.6 Proof of payment of Student Indexing Fee

2.3 Requirements for indexing Foreign-trained applicants

Indexing of applicants shall be done before registration with the Council. The following shall be the requirements;

- 2.3.1** Duly completed Indexing Application Form
- 2.3.2** Copy of valid acceptance letter from the Training Institution or certified copy of the professional certificate
- 2.3.3** Certified copy of the Grade 12 certificate or its equivalent, with grade Credit or better in 5 subjects: English, Mathematics, Biology or Agricultural Science, Physics, Chemistry or Science, and any other subject. **(Equivalents must be equated to the Zambian system)**
- 2.3.4** A photocopy of the National Registration Card or Passport
- 2.3.5** One passport size photograph
- 2.3.6** Payment of Student Indexing Fee

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

2.4 Procedure for indexing Students

The following shall be the procedure for student indexing;

- 2.4.1** Submission of duly filled in application forms to Health Professions Council of Zambia
- 2.4.2** The Council shall verify and validate the indexing forms submitted
- 2.4.3** Assign each applicant a unique HPCZ identifier (index number) which will be linked to the student registration number
- 2.4.4** Individual files shall be opened for each of the qualified applicants which will provide a basis during registration as a professional after completing the training programme
- 2.4.5** A list of indexed students shall be sent to the respective training institutions (Not applicable for foreign-trained)

3 Section 3: Provisional Registration

A person who qualifies for a health training Programme approved by the Council, from a training institution in Zambia, 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 work under the supervision of an approved supervisor and with oversight from the head of the institution.

3.1 Requirements for Provisional Registration

- 3.1.1** Certified copies of academic transcripts and professional qualification from a training institution offering recognised and approved training programs by the Council.
- 3.1.2** Proof of Student Indexing (Index Number).
- 3.1.3** Medical examination report from a class A or B licenced health facility in Zambia. A medical report submitted for this purpose more than six months after the date of issuance shall be deemed invalid.
- 3.1.4** One passport size photograph (white background-observe formal dressing)
- 3.1.5** Certified copy of NRC or Passport for non-Zambians.
- 3.1.6** Certified declaration by the Commissioner of oaths for locally trained or Notary Public for foreign-trained practitioners.

3.2 Procedure for Application for Provisional Registration

The following shall be the procedure for provisional registration:

- 3.2.1** Submission of duly completed application forms to the Council.
- 3.2.2** The Council shall verify and validate the applications submitted against pass lists from Training Institutions offering approved health training programmes.
- 3.2.3** Individual files shall be created and the practitioner is assigned a unique registration number.
- 3.2.4** Where the application is approved, a registration certificate shall be issued with conditions specified in **Guideline 4.4**.
- 3.2.5** Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

3.3 Issuance of Provisional Certificate

- 3.3.1 The certificate is issued within thirty (30) days of registration.
- 3.3.2 Provisional registration is valid for **two (02) years** for Degree holders, **one (01) year six (06) months** for Diploma holders and Certificate holders.
- 3.3.3 Upon successful completion of this registration period, a Practitioner is required to apply for Full Registration after being recommended by their supervisor and head of the institution.
- 3.3.4 If a practitioner does not meet the minimum requirements for full registration, provisional registration can be extended only once, for an additional period of **six months**.
- 3.3.5 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 ban the practitioner from registration for a **minimum period of six (6) months**. During this period, the practitioner is required to be attached to an approved health facility, to allow for the acquisition of necessary skills, knowledge and attitudes.
- 3.3.6 Upon completion of the specified ban, a practitioner may re-apply for registration in the prescribed manner and form.
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.
- 3.3.7 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.

3.4 Conditions for Provisional Registration Certificates

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

- 3.4.1 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.
- 3.4.2 The health practitioner should comply with the professional code of ethics, discipline and fitness to practice.
- 3.4.3 The Council should be informed within seven days in writing after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- 3.4.4 A holder of a registration certificate shall not practice without a valid practising certificate in accordance with **Section 15** of the Act.
- 3.4.5 The practitioners shall not practice beyond the scope for which he or she is registered without prior approval from the Council.
- 3.4.6 Practitioners wishing to work in the private sector shall submit a duly completed privilege to supervise form.

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

4 Section 4: Temporary Registration

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

4.1 Requirements for Temporary Registration

- 4.1.1 Completed HPCZ Temporary registration application form
- 4.1.2 Certified declaration by the Commissioner of Oaths/Notary Public
- 4.1.3 Proof of Registration from the Country of Origin or Country the practitioner Last Practiced (*Applicable for health practitioners who have worked abroad*)
- 4.1.4 Certificate of Status (Good Standing) from the country the practitioner last practised (*Applicable for health practitioners who have worked abroad*)
- 4.1.5 Certificate of competence in English from an institution recognised by HPCZ (*Applicable for health practitioners from non-English speaking countries*)
- 4.1.6 Copies of primary professional qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing his/her country in Zambia.

Note: Original primary qualifications are to be physically presented to the Council at the time of registration

- 4.1.7 One passport size photograph (white background-observe formal dressing).
- 4.1.8 Certified Copy of NRC or Passport for non-Zambians.
- 4.1.9 Proof of passing the prescribed examination held through HPCZ by training institutions recognised and approved by HPCZ
- 4.1.10 Medical examination report from a class A or B licenced health facility in Zambia. A medical report submitted for this purpose more than six months after the date of issuance shall be deemed invalid.
- 4.1.11 Proof of verification of professional qualification from Zambia Qualifications Authority (ZAQA).

4.2 Procedure for Application for Temporary Registration

The following shall be the procedure for temporary registration:

- 4.2.1 Submission of duly completed application forms to the Council
- 4.2.2 The Council shall verify and validate the applications submitted
- 4.2.3 Individual files shall be created and the practitioner is assigned a unique registration number
- 4.2.4 Where the application is approved, a registration certificate shall be issued with conditions specified in **Guideline 4.4**.
- 4.2.5 Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

4.3 Issuance of Temporary Certificate

- 4.3.1 Completed HPCZ Temporary registration application form
- 4.3.2 Registration Certificate is issued **within thirty (30)** days of registration.
- 4.3.3 Temporary registration is valid for **two years** for all health practitioners.
- 4.3.4 Upon successful completion of this registration period, a Practitioner shall apply for Full Registration after being recommended by their supervisor and endorsed by the head of the institution.
- 4.3.5 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.
- 4.3.6 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 ban the practitioner from registration for a **minimum period of six (6) months**. During this period, the practitioner is required to be attached to an approved health facility, to allow for the acquisition of necessary skills, knowledge and attitudes.
- 4.3.7 Upon completion of the specified ban, a practitioner may re-apply for registration in the prescribed manner and form.
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.
- 4.3.8 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.

4.4 Conditions for Temporary Registration Certificates

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

- 4.4.1 Registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- 4.4.2 The health practitioner should comply with the professional code of ethics, discipline and fitness to practice.
- 4.4.3 Health Professions Council of Zambia should be informed within seven days in writing after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- 4.4.4 A holder of a registration certificate shall not practice without a valid practising certificate in accordance with **Section 15** of the Act.
- 4.4.5 The practitioners shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.
- 4.4.6 Practitioners wishing to work in the private sector 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.

5 Section 5: Limited Registration

A person who qualifies for a health training programme recognised by the Council from a training institution outside Zambia and has been invited by a licensed Health facility and/or any legally recognised organisation in Zambia to provide health care services for a period not exceeding six months may apply for Limited registration in the prescribed manner and form upon payment of the prescribed fee.

5.1 Requirements for Limited Registration

- 5.1.1** Duly completed HPCZ Limited registration application form
- 5.1.2** Certified declaration by the Commissioner of Oaths/Notary Public
- 5.1.3** Letter of invitation/offer of employment from a prospective employer in Zambia specifying the nature of activities to be carried out
- 5.1.4** Proof of Registration from the Country of Origin or Country the practitioner last practised
- 5.1.5** Certificate of Status (Good standing) from the country the practitioner last Practiced
- 5.1.6** Photocopies of primary professional qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing his/her country in Zambia
- 5.1.7** Completed Privilege-to-Supervise-Form by an approved supervisor.
- 5.1.8** One passport size photograph (white background-observe formal dressing).
- 5.1.9** Certified Copy of Passport
- 5.1.10** Medical examination report. A medical report submitted for this purpose more than six months after the date of issuance shall be deemed invalid
- 5.1.11** Proof of payment of registration fee. Note that fee exemptions shall be offered to health practitioners offering voluntary services in areas of research, teaching or clinical services in licenced health facilities and community settings.
- 5.1.12** Proof of payment for Professional Code of Ethics booklet

5.2 Procedure for Application for Limited Registration

The following shall be the procedure for Limited Registration:

- 5.2.1** Submission of duly completed application forms to the Council
- 5.2.2** The Council shall verify and validate the applications submitted
- 5.2.3** Individual files shall be created and the practitioner is assigned a unique registration number
- 5.2.4** Where the application is approved, a registration certificate shall be issued with conditions specified in **Guideline 5.4**.
- 5.2.5** Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

5.3 Issuance of Limited Registration Certificate

- 5.3.1 Registration Certificate is issued within **thirty (30)** days of registration.
- 5.3.2 Limited registration is valid for **six (6) months** for all health practitioners.
- 5.3.3 Limited registration can be extended only once in a calendar year, for an additional period of **six (6) months** provided the practitioner has not been convicted of an offence involving fraud or dishonesty or of any offence under the Health Professions Act, 2009 or any other law within or outside Zambia.
- 5.3.4 If the practitioner wishes to further extend their registration period beyond the period stated above, they shall apply for Temporary Registration in the prescribed manner and form upon payment of the prescribed fee.
- 5.3.5 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.

5.4 Conditions for Limited Registration Registration Certificates

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

- 5.4.1 Registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- 5.4.2 The health practitioner should comply with the professional code of ethics, discipline and fitness to practice.
- 5.4.3 Health Professions Council of Zambia should be informed within seven days in writing after the practitioner changes his or her name as required in **Section 13** of the Act.
- 5.4.4 The practitioners shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.

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

6 Section 6: Full Registration

This type of registration is for all Health Practitioners who have successfully completed their provisional or temporary registration period. Practitioners on this register are eligible to supervise Practitioners on Provisional, Temporary and Limited Registers and can work with minimum supervision.

6.1 Requirements for Full Registration

- 6.1.1 Duly completed assessment form by an approved supervisor.
- 6.1.2 Recommendation letter from the head of the institution
- 6.1.3 Proof of completion of an internship for Medical Practitioners, Medical Licentiate Practitioners, Dental Surgeons, Pharmacists, Clinical Anaesthetists, Optometrists and any other professions as may be prescribed (attach signed rotations form)
- 6.1.4 Medical examination report from a class A or B licenced health facility in Zambia. A medical report submitted for this purpose more than six months after the date of issuance shall be deemed invalid.
- 6.1.5 One passport size photograph (white background-observe formal dressing)
- 6.1.6 Certified copy of Professional Qualification
- 6.1.7 A copy of previous HPCZ Registration certificate (Provisional/Temporary)
- 6.1.8 Must have been working for a period **not less than 12 Months** (Provisional) and **24 Months** (Temporary)

6.2 Procedure for Application for Full Registration

The following shall be the procedure for Full Registration:

- 6.2.1 Submission of duly completed application forms to the Council
- 6.2.2 The Council shall verify and validate the applications submitted
- 6.2.3 Where the application is approved, a certificate of full registration shall be issued with conditions specified **Guideline 6.4**.
- 6.2.4 Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejection.

6.3 Issuance of Full Registration Certificate

- 6.3.1 Registration Certificate is issued within **thirty (30)** days of registration.
- 6.3.2 Full registration is permanent as long as a health practitioner remains in good standing.
- 6.3.3 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.

6.4 Conditions for Full Registration Certificates

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

- 6.4.1 Registration certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- 6.4.2 The health practitioner should comply with the professional code of ethics, discipline and fitness to practice.
- 6.4.3 Health Professions Council of Zambia should be informed within seven days in writing after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- 6.4.4 The practitioners shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.

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

7 Section 7: Specialist Registration

Specialist Registration applies to 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.

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 specified period.

7.1 Requirements for Specialist Registration

A person who wishes to register as a specialist shall submit a duly signed application form with the following documents to the Council;

- 7.1.1 Duly completed assessment form by an approved supervisor.
- 7.1.2 Duly completed HPCZ application form for specialist and signed by the Commissioner of Oaths appropriately
- 7.1.3 Recommendation letters from the Head of the Institution and from a practitioner of the same speciality or proxy **
- 7.1.4 Copies of Full Registration Certificate and a current Annual Practicing Certificate
- 7.1.5 A detailed curriculum vitae
- 7.1.6 One passport size photograph with white background (Observe formal dress).
- 7.1.7 Certified photocopy of the National Registration Card or Passport for foreign nationals.
- 7.1.8 Certified photocopies of transcripts of primary and postgraduate*** professional qualifications (i.e. Degrees, Masters Degrees or Doctorate) recognised by the Health Professions Council of Zambia.
- 7.1.9 Medical Examination Report.
- 7.1.10 Foreign qualifications to be verified by Zambia Qualifications Authority (ZAQA) and Education Commission for Foreign Medical Graduates (ECFMG).

For specialists *who have worked abroad* and wish to apply for direct registration, the following additional requirements shall apply:

- 7.1.11 Certificate of good standing from the country of origin
- 7.1.12 Proof of specialist registration from the country of origin

**** Note:** The Assessment period of supervised attachment is a **minimum of three (3) months or 144 hours** for all Health Practitioners.

******* The postgraduate qualification may include the following:

- a) Master's Degree
- b) Master of Science Degree
- c) Master of Medicine
- d) Fellowship programme
- e) Doctoral programme

7.2 Procedure for Application for Specialist Registration

The following shall be the procedure for Specialist Registration:

- 7.2.1** Submission of duly completed application forms to the Council for scrutiny.
- 7.2.2** Review and validation of the application by the Health Professionals Registration Committee.
- 7.2.3** The recommendation shall be made to the Council for approval.
- 7.2.4** Upon Council approval, individual files shall be opened/updated and practitioner assigned a unique registration number. A registration certificate shall then be issued.
- 7.2.5** Where the application is rejected, the Council shall issue a notice of rejection that specifies the reasons for rejections.

7.3 Issuance of Specialist Registration Certificate

- 7.3.1** Certificate is issued **within thirty (30) days** of registration.
- 7.3.2** Specialist registration is permanent.
- 7.3.3** 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.

7.4 Conditions for Specialist Registration Certificates

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

- 7.4.1** Registration certificate shall only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- 7.4.2** A holder of specialist registration certificate shall not permit his name to be used by a person who is not a registered as a specialist.
- 7.4.3** Health Professions Council of Zambia should be informed within seven days in writing after the practitioner changes his or her particulars as required in **Section 13** of the Act.
- 7.4.4** The practitioners shall not practice beyond the scope for which he or she is registered for without prior approval from the Council.
- 7.4.5** No, an unauthorized entry, alteration or erasure shall be made on the Specialist registration certificate or a certified copy;
- 7.4.6** The health practitioner shall uphold the professional code of ethics, discipline and fitness to practice.

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

8 Section 8: Practising Certificate

Section 15 of the Act provides that a person shall not practise as a health practitioner, unless that person holds a practising certificate issued by the Council.

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

8.1 The requirements for Issuance of Practising Certificate

Applicants for a Practising Certificate shall meet the following requirements:

8.1.1 Completed practising certificate renewal application form.

8.1.2 Valid registration certificate.

****Note*** Where the provisional or temporary registration is expired, and the practitioner does not qualify for full registration, the applicant must simultaneously apply for an extension of registration. The Council shall not issue a person with a temporary or provisional Certificate of registration for a period exceeding two years.

8.1.3 Proof of payment of the prescribed fees

8.1.4 CPD booklets with required CPD points or equivalent

8.1.5 Copy of the previous license

8.1.6 Completed Privilege-to-Supervise-Form form for practitioners on provisional, temporary and limited registration seeking employment in a registered private health facility.

8.2 Procedure for Application for Practising Certificate

The following shall be the procedure for Application for Practising Certificate:

8.2.1 Submission of duly completed application form for Practising certificate (Form V) and supporting documents. This can be done physically to HPCZ offices, via email, or via the online registration portal.

8.2.2 The Council shall verify and validate the applications submitted

8.2.3 The Council shall process a duly completed application form within 30 days

8.2.4 Where the application is approved, a practicing certificate shall be issued with conditions specified in **Guideline 8.4**.

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

8.3 Issuance of Practising Certificate

- 8.2.1 The Council shall issue a Practising Certificate to the applicant who meets the requirement for Practising Certificate as stipulated in **Guideline 8.1** above.
- 8.2.2 The certificate shall be valid for one year and shall expire every 31st of December regardless of the date of issuance.
- 8.2.3 The Practising Certificate is renewable as provided for in Section 18 of the Act. The practitioner shall renew the practising certificate by filling in V (Application for renewal of practising certificate) as stipulated in **Regulation 6(1)** of SI 95 of 2012.
- 8.2.4 Where a practitioner loses the Practising Certificate, the Council can issue a duplicate Practising Certificate upon payment of prescribed fees as provided for under **Section 25** of the Act. For a duplicate Practising Certificate, a practitioner shall be deemed to have applied for a duplicate certificate by filling in form X as specified in **Regulation 11** of SI 95 of 2012.

8.4 Conditions for Practising Certificates

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

- 8.4.1 Practising certificate can only be used by the practitioner in whose name it is issued as provided for in **Section 22** of the Act.
- 8.4.2 The practitioner shall uphold the professional code of ethics, discipline & fitness to practice.
- 8.4.3 Health Professions Council of Zambia should be informed within seven days in writing before the practitioner changes his or her name as required in **Section 13** of the Act.
- 8.4.4 The practising certificate so issued is valid for practice in licensed health facilities/recognized institutions in Zambia..
- 8.4.5 The practitioners shall not practice beyond the scope for which he or she is certified to practice without prior approval from the Council.

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

9 Section 9: Certificate of Good Standing or Status

The Council may issue Certificate of Status (CS) or Certificate of Good Standing (CGS) to a Health Practitioner who requires registration with another regulatory authority in another country or training institution in accordance to **Section 26** of the Act.

9.1 Requirements for Issuance of Certificate of Good Standing

Applicants for a CGS shall meet the following requirements:

- 9.1.1** Completed application form
- 9.1.2** Recommendation by the head of institution where the applicant last practised (in **Part B** of the application form)
- 9.1.3** Full or specialist registration with a valid annual practising certificate. Practitioner must have worked for minimum period of one year.
- 9.1.4** Evidence that the practitioner is not under any investigation by the Council

9.2 Requirements for Issuance of Certificate of Status

Applicants for a CS shall meet the following requirements:

- 9.2.1** Completed application form
- 9.2.2** Recommendation by the head of institution where the applicant last practised where applicable (in **Part B** of the application form)

9.3 Procedure for Application for Certificate of Good Standing or Status

- 9.3.1** The applicant shall submit to the Council duly completed Form XI clearly stating the reasons for requesting for CGS/CS
- 9.3.2** **Part B** of form XI shall be filled in by the head of the current institution of practice. Where the applicant is not currently in practice, the section shall be filled by the head of institution at the last place of practice where applicable.
- 9.3.3** The Council shall process a duly completed application form **within thirty (30) days**.
- 9.3.4** Where the application is approved, a CGS/CS shall be issued with conditions specified in **Guideline 9.5**.
- 9.3.5** Where the application is rejected, the Council issues a notice of rejection that specifies the reasons for rejections.

9.4 Issuance of Certificate of Good Standing or Status

- 9.4.1** The Council shall issue a CGS to the applicant who meets the requirement for CGS as stipulated in Section 9.1 above OR for CS in Section 9.2 above.
- 9.4.2** The certificate shall be valid for six months from the date of issue.
- 9.4.3** The CGS/CS is not renewable.
- 9.4.4** Where a practitioner loses the CGS/CS, the Council can issue a duplicate CGS/CS upon payment of prescribed fees as provided for under Section 25 of the Act. For a duplicate CGS/CS, a practitioner shall be deemed to have applied for a duplicate certificate by filling in form X as specified in Regulation 11 of SI 95 of 2012.

9.5 Conditions for Certificates of Good Standing or Status

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

- 9.5.1** Registration certificate shall only be used by the practitioner in whose name it is issued as provided for in Section 22 of the Act.
- 9.5.2** The health practitioner should continue upholding the professional code of ethics, discipline and fitness to practice.

The CGS/CS becomes null and void if any of the above conditions are abrogated by the holder.

10 Section 10: Registers for Practitioners

10.1 Custody and Maintenance of Practitioner Register

10.1.1 Section 28 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) Practicing certificates
- c) Provisional certificates of registration
- d) Temporary certificates of registration
- e) Limited certificates of registration
- f) Specialist registration certificates
- g) Applications rejected and reasons therefore
- h) Any other information the Council may determine

10.1.2 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.

10.2 Cancellation of Practising certificate

10.2.1 The Council shall cancel the practising 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 an undischarged bankrupt;
- d) contravenes the provisions of the Public Health Act or Cap 295 or any other relevant laws
- e) is a proprietor, or in charge of, a health facility which is closed or whose licence is cancelled under this Act;
- f) obtained the practising certificate through fraud, misrepresentation or concealment of a material fact; or
- g) commits an offence under this Act or contravenes the Code of Ethics.

10.2.2 The Council shall, before cancelling the practising certificate, give the health practitioner an opportunity to be heard by informing the holder of its intention to suspend or cancel the practising certificate in Form VIII set out in the First Schedule of SI 95 of 2012.

10.2.3 The holder of the practising certificate is given **Fourteen working (14)** from the date he is served with a notice to respond.

10.2.4 Where the registrar is not satisfied with the response or the time of notice elapses, the Council shall proceed to suspend or cancel the practising certificate. Where the Council cancels the practising certificate, the practising certificate held by the health practitioner shall be void and shall be surrendered to the Council.

10.3 Cancellation of Registration

10.3.1 The Council shall Cancel the registration of a health practitioner in accordance with **Section 19** 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 period for which the registration of the health practitioner was issued has lapsed;
- d) the health practitioner is convicted of an offence under any law under this act; or
- e) since the registration, circumstances have arisen disqualifying the health practitioner from registration.

10.3.2 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 in Form VIII set out in the First Schedule of SI 95 of 2012. The holder of the registration certificate is given **Fourteen working (14)** from the date he is served with a notice to respond.

10.3.3 Where the registrar is not satisfied with the response or the time of notice elapse, the Council shall proceed to suspend or cancel the registration certificate. Where the Council cancels the registration of a practitioner, the practitioners shall be deemed not to have been registered and shall have their name removed from the registers.

10.4 Inactive Practitioner (Non-Practising) Status

10.4.1 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-practising category, for that period of time. This is in accordance with **Section 23(3)** of the Act.

10.4.2 The Practitioner on non-practising category shall not be deemed to be defaulting in terms of annual fees for practising licence for the period under which they are inactive.

10.5 Removal of Practitioner from the Register

10.5.1 The Council shall remove a health practitioner from the Register in accordance with **Section 23** of the Act where:

- 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 practising 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

10.5.2 A health practitioner who is removed from the Register ceases to be a registered health practitioner.

10.6 Procedure for Appeal

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

10.7 Procedure for Restoration or Re-Registration

10.7.1 Section 24 of the Act provides that where the registration of a health practitioner has been cancelled or suspended, the health practitioner affected may apply for re-registration- if:

- 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

10.7.2 A practitioner applying for re-registration is required to submit a recommendation from a HPCZ fully registered peer.

10.8 Application for Extracts from the Register

10.8.1 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.

11 Appendixes

11.1 Appendix 1: Application form for Student Indexing

Form 1

INDEX NO.....



HEALTH PROFESSIONS COUNCIL OF ZAMBIA
No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark
P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317
Email: hpcz@iconnect.zm Website: www.hpcz.org.zm

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

APPLICATION FOR INDEXING OF STUDENTS

Surname.....Fore name(s).....
Gender..... 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.....
Training Institution.....
Programme Pursued:.....
Intake (month/year of enrolment).....
Previous Training Institution attended (If applicable).....
Secondary School Attended

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).....

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 20before

me.....

Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Copy of acceptance letter/ proof of enrollment from the training Institution
- b) Proof of payment of fees
- c) Certified copy of the Grade 12 certificate or its equivalent (*Equivalents must be equated to the Zambian system*)
- d) A photocopy of the National Registration Card/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph (Observe formal dress code not casual attire) with white background

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

For Official use:

Amount Paid.....Receipt No.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
(Assistant Registrar)

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

11.2 Appendix 2: Application form for Provisional Registration

Form II



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

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

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

APPLICATION FOR PROVISIONAL REGISTRATION AS A HEALTH PRACTITIONER

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

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

Profession.....Gender..... 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:

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from practising 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 20before
me.....

Commissioner of Oaths/Notary Public

Appendices:

- Certified copies of applicable academic transcripts and professional qualifications
- Certified copy of the Grade 12 certificate or its equivalent (*Equivalent certificates must be equated to the Zambian system*)
- Proof of Student Indexing (Index Number).
- One passport size photograph (colour photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)
- Certified copy of NRC or Passport for non-Zambians.
- Completed Privilege-to-Supervise-Form form for those seeking employment in a registered private health facility.
- Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

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

For Official use:

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

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

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

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

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

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

11.3 Appendix 3: Application form for Temporary Registration

Form III



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

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

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

APPLICATION FOR TEMPORARY REGISTRATION AS A HEALTH PRACTITIONER

(Temporal certificate is valid for two year and applicable to a person whose qualification was obtained)

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

Profession.....Gender..... 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:

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from practising 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 20before

me.....

Commissioner of Oaths/Notary Public

Appendices:

- Proof of Student Indexing (Index Number)
- Certified copy of NRC or Passport for non-Zambians
- Proof of Registration from the Country of Origin or Country the practitioner Last Practiced (*not applicable for those who have not practiced*)
- Certificate of Status (Good Standing) from country the practitioner last practiced (*not applicable for those who have not practiced*)
- Certificate of competence in English from the British Council-Zambia if applicant is from non-English speaking country
- Photocopies of professional primary qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing his/her country in Zambia. **Note: The originals of the primary qualifications to be physically shown to the Council at the time of registration**
- Completed Privilege-to-Supervise-Form form for those seeking employment in a registered private health facility
- One passport size photograph (white background-observe formal dressing)
- Proof of passing the assessment from a HPCZ approved Training institution in Zambia
- Medical examination report from a government health facility in Zambia
- Proof of verification of professional qualification from Zambia Qualifications Authority
- Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

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

For Official use:

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

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

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

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

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

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

11.4 Appendix 4: Application form for Limited Registration

Form IV



HEALTH PROFESSIONS COUNCIL OF ZAMBIA
 No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark
 P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax:
 +260 211 239317
 Email: hpcz@iconnect.zm Website: www.hpcz.org.zm

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

APPLICATION FOR LIMITED REGISTRATION AS A HEALTH PRACTITIONER
(Limited certificate 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 or less)

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.....
 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	Scope of Practice	Date of Application	Status of application (Granted, rejected or pending)*

***If application was rejected, give reasons for rejection:**

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 practising 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
- 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 20before
me.....

Commissioner of Oaths/Notary Public

Appendices:

- a) Certified declaration by the Commissioner of oaths/Notary Public
- b) Certified copy of NRC or Passport for non-Zambians
- c) Letter of invitation/offer of employment from prospective employer in Zambia
- d) Proof of Registration from the Country of Origin or Country the practitioner Last Practiced (*not applicable for those who have not practiced*)
- e) Certificate of Status (Good Standing) from country the practitioner last practiced (*not applicable for those who have not practiced*)
- f) Certificate of competence in English from the British Council-Zambia if applicant is from non-English speaking country
- g) Photocopies of professional primary qualifications i.e. certificates, diplomas or degrees certified by the Commissioner of oaths/Notary Public or the embassy representing his/her country in Zambia. **Note: The originals of the primary qualifications to be physically shown to the Council at the time of registration**
- h) Completed Privilege-to-Supervise-Form.
- i) One passport size photograph (white background-observe formal dressing)
- j) Proof of passing the assessment from a HPCZ approved Training institution in Zambia
- k) Medical examination report from a government health facility in Zambia
- l) Proof of verification of professional qualification from Zambia Qualifications Authority
- m) Proof of payment (Registration fees and Professional Code of Ethics and Discipline booklet)

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

For Official use:

Amount Paid.....Receipt No.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
(Assistant Registrar)

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

11.5 Appendix 5: Application form for Full Registration

Form V



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

Email: hpcz@iconnect.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 certificate is valid for life and applicable to all practitioners on provisional and temporary registers who have successfully completed their practice under supervision)

Surname.....Fore name(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 practising 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 20before

me.....

Commissioner of Oaths/Notary Public

Appendices:

- Completed, signed and stamped assessment form by approved supervisor i.e. supervisor who is fully registered by HPCZ and is of same profession as applicant or is a medical doctor
- Recommendation letter from the head of institution
- Proof of completion of internship for junior resident medical officers and Medical licentiates (attach signed rotations form)
- Medical examination Report from a government health facility in Zambia
- One passport size photograph (white background-observe formal dressing)
- Certified copy of Professional Qualification
- A copy of previous HPCZ Registration certificate (Provisional/Temporary)
- Must have been working for a period not less than 12 Months (provisional) and 24 Months (Temporary).
- Proof of payment (Registration fees)

** 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.*

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

For Official use:

Amount Paid.....Receipt No.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
(Assistant Registrar)

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

11.6 Appendix 6: Application form for Specialist Registration

Form VI



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

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

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

APPLICATION FOR SPECIALIST REGISTRATION AS A HEALTH PRACTITIONER

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

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

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

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

Employer Name & Address.....

Primary Profession.....

Speciality.....

Subspecialty *(if applicable)*

Training Institution.....

Duration of Training:years, from to

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

- That the information provided in this form is correct and true
- That the attached documents are genuine
- That I have never been debarred from practising 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 20before

me.....

Commissioner of Oaths/Notary Public

Appendices:

- Certified copies of all academic transcripts and professional qualifications from a training institution
- Proof of verification of professional qualification from Zambia Qualifications Authority for qualification obtained outside Zambia.
- Recommendation letter from a Peer Practitioner
- Recommendation letter from the Professional Association
- One coloured passport size photograph (white background-observe formal dressing)
- Certified copy of NRC/Passport.
- Copy of current curriculum vitae
- Education Commission for Foreign Medical Graduates (ECFMG) verification form

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

For Official use:

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

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

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

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

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

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

11.7 Appendix 7: Application form for Certificate of Good Standing

Form VII



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

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

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

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 practising 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 20before
me.....

Commissioner of Oaths/Notary Public

Appendixes

- (A recommendation by the head of the institution (Head of the department) at the institution where the applicant last practised (in section B below)
- Copy of full or specialist registration certificate
- Copy of valid annual practising certificate
- Proof of payment of a non-refundable fee
- Supporting document indicating that the certificate of good standing is required or being requested

Notes

- 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
- Practitioner in annual fees arrears or with bad annual fees payment records will not be issued with a certificate of good standing
- Practitioners must be on full or specialist register
- Practitioners that need a certificate of good standing. For the purpose of 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 B (To be completed by the head of the Institution where the applicant is based)

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

Profession HPCZ 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 past.....years; 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

(iv) Reasons for certificate of status.....



.....signature.....

Official Stamp

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

For Official use:

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

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

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

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

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

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

11.8 Appendix 8: 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"/>
c. Observance of professional ethics:	<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"/>
e. Maintenance of professional integrity on/off duty:	<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"/>
g. Procedural accuracy in:				
i. Diagnostic Skills	<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"/>
h. Ability to Learn				
i. on the job	<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"/>
i. Attitude to				
i. Patients	<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"/>
iii. Colleagues	<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"/>

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:

11.9 Appendix 9: Internship Rotational Form

To be completed and returned to the Council in confidence by the Medical Officer 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

11.10 Appendix 10: Privilege to Supervise Form

Form X

No. 7 Chaholi Road, Off
P.O BOX 32554 Lusaka
Fax: +260 211 239317



Addis Ababa Drive, Rhodespark
10101, Zambia. Tel: +260 211 236241
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:

11.11 Appendix 11: Referral Form for Assessment of Health Practitioner

Form XI

No. 7 Chaholi Road, Off
P.O BOX 32554 Lusaka
Fax: +260 211 239317
Email: info@hpcz.org.zm



Addis Ababa Drive, Rhodespark
10101, Zambia. Tel: +260 211 236241
Website: www.hpcz.org.zm

REFERRAL FORM FOR ASSESSMENT OF FOREIGN TRAINED HEALTH PRACTITIONERS

Names of Applicant.....

Nationality..... NRC/Passport No.....

Tel/Mobile..... Date of application.....

Profession of Applicant.....

Country where the Applicant was trained.....

Name of Institution where Applicant trained.....

.....

Type of assessment (tick whichever is applicable)

Oral and Theory Assessment of the practitioner

Training program Content evaluation to determine eligibility for practitioner assessment

NOTE

*Applicants for practitioner assessment must present (but not attach) original primary qualification documents before being referred for assessment.

* Applicants being referred for content evaluation of training program must attach copies of their course content and copies of primary qualification and transcripts to this form.

FOR OFFICIAL USE ONLY

Referred by (name)Signature.....

Designation.....

To (Name of Assessing Institution).....

Date.....

11.12 Appendix 12: Application form Duplicate Certificate

Form XII



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317

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

APPLICATION FOR DUPLICATE REGISTRATION/PRACTISING CERTIFICATE

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

Profession.....Gender..... 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 practising 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 20before

me.....

Commissioner of Oaths/Notary Public

Appendices:

- j) A valid sworn affidavit or police report
- k) Proof of payment

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

For Official use:

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

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

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

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

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

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

11.13 Appendix 13: Application for Re-registration/Restoration

Form XIII



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark

P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax:

+260 211 239317

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

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

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)

S/n	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 practising 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)

- | | | |
|------------|--|---------------------|
| S/n | Reason for applying for restoration or re-registration | Tick
(/) |
| a) | The deregistration was successfully reversed on appeal (<i>Attach certified copy of appeal judgement</i>) | |
| b) | The health practitioner has completed the suspension period or met the condition for lifting of the suspension (<i>Attach certified copy of the documents that proves that the conditions have been met</i>) | |
| c) | The cancellation was erroneously done (<i>Attach certified copy of documents that proofs that cancelation was done erroneously</i>) | |
| d) | Circumstances have arisen that exonerate the health practitioner from the act or omission that led to the cancellation (<i>Attach certified copy of document that proofs the exoneration</i>) | |

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 cancelation 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)

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

For Official use:

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

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

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

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

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

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

11.14 Appendix 14: Application form for Extract from the Register

Form XIV



HEALTH PROFESSIONS COUNCIL OF ZAMBIA
No. 7 Chaholi Road, Off Addis Ababa Drive, Rhodespark
P.O BOX 32554 Lusaka 10101, Zambia. [Tel:+260 211 236241](tel:+260211236241) Fax: +260 211 239317
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

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

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 Limited Full Provisional Temporary

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.**