



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

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot No. 6640 Mberere Road, Olympia Park

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 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)* |
|--------------------------|-----------------|----------|-------------------|---------------------|---|
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***If application was rejected, give reasons for rejection:**

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

- a) That the information provided in this form is correct and true
- b) That the attached documents are genuine
- c) That I have never been debarred from practising my profession on the ground of professional misconduct;
- d) That my name has never been removed from the register kept in accordance with the laws of any country in which I have 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 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 (colour photograph with white background-observe formal dressing, and must be endorsed by Commissioner of Oaths on reverse side)
- j) Proof of passing the assessment from a HPCZ approved Training institution in Zambia
- k) Medical examination report from a **class A or B** licenced 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)