

Initials and Date of
Receipt



Health Professions Councils of Namibia

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MEDICAL & DENTAL COUNCIL

Please complete this form in full. Completed forms must be addressed to the Registrar

APPLICATION FOR APPROVAL OF PERSON OR EDUCATIONAL INSTITUTION TO OFFER EDUCATION, TUITION OR TRAINING FOR QUALIFYING PERSON FOR REGISTRATION TO PRACTICE A PROFESSION

1. I / We _____ hereby apply to the relevant Council to offer *education/*tuition/*training.
2. Reg No. _____ Client (Account) No. _____
3. Non-refundable application fee of **N\$39 090.00**.
4. Inspection fee of **N\$14 400.00** (*per day or part of a day*)

Particulars of Applicant

Name of Person /
Facility/Institution

Postal Address

Contract Numbers

Work, Home,
Fax & Cell

e-mail address

Please print e-mail address clearly

Nature of facility and nature of education/tuition/training to be provided

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Date of previous inspection (if any)

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I undertake to inform the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

Signature of Applicant

Date

Name of Applicant in block letters

Official stamp of business