



Health Professions Councils of Namibia

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MEDICAL & DENTAL COUNCIL OF NAMIBIA

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

Application for registration of a Speciality /a Sub-speciality and an Additional Qualification

(state profession)

Reg. No. _____

Client (Account) No. _____

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Identity documents,
2. Qualification(s) on which application is based,
3. Certified transcript of subjects (Must be an official document with the official seal of Training Institution),
4. **Proof of a 4-years Registrar ship / Clinical appointment** from the Head of Department at the Institution where you have completed your practical training during specialist study (Specialist),
5. Proof of duration of study course from the training facility (additional qualification),
6. Certificate of Registration from the country in which the qualification in 2 above was obtained or other proof of entitlement to practice in that country (If not yet registered in Namibia).
7. **Original Letter of Good Standing** (Certificate of Status).
8. Proof of qualification evaluation from **Educational Commission for Foreign Medical Graduates** (Foreign Trained Medical Graduates only).
9. Proof of qualification evaluation from **Namibia Qualification Authority (NQA)** (Foreign trained).
10. Non-refundable application fee (*speciality or sub-speciality*) of **N\$1 570 .00** (Namibian) and **N\$6 280.00** (Non-citizen).
11. Non-refundable application fee (*an additional qualification*) of **N\$ 600.00** (Namibian) and **N\$2400.00** (Non-citizen).
12. Issue of certificate fee of **N\$ 230.00** (Namibian) and **N\$ 920.00** (Non-citizen).

Surname

Title

Prof./Dr.

Mr./Ms

First Names

Maiden Name Gender Male Female

Postal Address

Telephone Home Fax
Work Cell
e-mail

Please print e-mail address clearly

Please note: *In terms of the relevant legislation, any change in residential or postal address must be reported in writing to the Registrar within 30 days of such change taking place.*

Particulars of Speciality / Sub-speciality / Additional Qualification

University/Training Institution	Country	Degree	Date

I hereby apply to have the above speciality / sub-speciality / additional qualification registered against my name in the Register for _____
(state profession)

I, _____ declare that I lawfully possess the above qualification.
(First name(s) and Surname)

Signature of Applicant

Date