



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 by a registered practitioner for the issuing of a certificate of status

Profession _____

1. Identification document(s),
2. An affidavit to the effect that no criminal proceedings are pending against the applicant is required.
3. A non-refundable application fee of **N\$ 500.00** (Namibian) and **N\$2000.00** (Non-citizen).
4. Issue of certificate fee of **N\$ 230.00** (Namibian) and **N\$ 920.00** (Non-citizen).

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Personal Particulars

Surname	<input type="text"/>	Prof./Dr.	Mr. / Ms
First Names	<input type="text"/>		
Client (Account) No.	<input type="text"/>	Male	Female
Business Address	<input type="text"/>		
Residential Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone Home	<input type="text"/>	Fax	<input type="text"/>

Work

e-mail

Cell

Please print e-mail address clearly

Please indicate the purpose for which the Certificate of Status is required below (possible relocation, further studies, etc)

Signature of practitioner

Date

Name in block letters
