



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 as an intern

Specify your profession _____

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

1. Proof of citizenship (birth certificate, passport, identity document, *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens).
2. Qualifications on which the application is based.
3. Academic Transcript of subjects / modules.
4. Proof of qualification evaluation from **Educational Commission for Foreign Medical Graduates** (Foreign Trained Medical Graduates only).
5. Proof of qualification evaluation from **Namibian Qualification Authority (NQA)**.
6. Highest School Leaving Certificate and/or Grade 12 Certificate.
7. Proof of competency in English if not a graduate of an English language University.
8. All documents must be translated into the English language and certified by a sworn translator.
9. A non-refundable application for the registration fee of **N\$ 600.00** (Namibian) and **N\$2 400.00** (Non-Citizen).
10. Issue of certificate fee of **N\$ 230.00** (Namibian) and **N\$ 920.00** (Non-Citizen).

Please note that your registration may be subject to a pre-registration examination on a date and time determined by the Council. The following fees are payable:

1. Pre-registration evaluation fee per session of **N\$1 120.00** (Namibian) and **N\$4 480.00** (Non-Citizen).
2. Supplementary Evaluation fee of **N\$ 570.00** (Namibian) and **N\$2 280.00** (Non-Citizen).

Surname

Title

Prof. /
Dr.

Mr. / Ms

First Names

Maiden Name Gender Male Female

Residential Address

Postal Address

Telephone Home Fax

Work Cell

e-mail

Please print your 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.*

Citizen of

Proof of status
(Passport, ID, Birth Certificate)

(Please enter the type and number of the relevant document and attach a copy thereof)

QUALIFICATION FOR REGISTRATION AS INTERN

University Country

Degree/Diploma Date obtained

Signature of Applicant

Date

I declare under oath/solemnly affirm that I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Signature of Applicant

Date

Sworn / solemnly affirmed before me at _____ this _____ day
of _____ 20 _____

Name

Official stamp

Signature
Commissioner of Oaths