



## Health Professions Councils of Namibia

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### Nursing Council

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

#### A

### Application for Restoration of a Name to the Register for

\_\_\_\_\_ (state profession)

Client (Account) No. \_\_\_\_\_

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

1. Original or certified copy of Registration Certificate of the country where you are currently employed (Not applicable if employed in Namibia)
2. **Original** Letter of Good Standing (Certificate of Status) from every registering authority covering all countries you have worked in over the last 5 years. The certificate must be issued not more than 120 days before the date of submission of your application. **Applicable only to practitioners who had left Namibia to practice elsewhere.**

3. The following non-refundable fees are payable:

Voluntary removal of your name:

Application for restoration fee	N\$470 (Namibian Citizen) N\$ 1, 880.00 (Non-Citizen)
Issue of a restoration certificate	N\$220 (Namibian Citizen) N\$ 880.00 (Non-Citizen)
Annual maintaining fee	N\$ (for the current year)

Involuntary removal of your name (e.g. non-payment of annual fee before or on 31 March of a year)

Application for restoration fee of	N\$900 (Namibian Citizen) N\$ 3,600.00 (Non-Citizen)
Issue of restoration certificate	N\$220 (Namibian Citizen) N\$ 880.00 (Non-Citizen)
Annual maintaining fee	N\$ for the current year
Outstanding annual fees for previous years	N\$

#### A

### PERSONAL PARTICULARS

Surname	<input type="text"/>	Title	<input type="text" value="Prof./Dr"/>	<input type="text" value="Mr./Ms"/>
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>



- My name has been removed from the register, record or roll of an educational institution from which I received the qualification by virtue of which I was registered in terms of the \_\_\_\_\_ Act, 2004 (Act No. \_\_\_\_\_ of 2004)
- I was registered in error or as a result of fraud or in circumstances not authorized by the \_\_\_\_\_ Act, 2004 (Act No. \_\_\_\_\_ of 2004)
- I was found guilty of unprofessional conduct and a penalty have been imposed upon me
- A criminal act was instituted against me

2.(b) I state that –

- I have paid the outstanding annual fees
- I have complied with all the conditions/requirements of the penalties imposed upon me

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I declare/solemnly affirm under oath that I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, 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

Sworn / solemnly affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
Commissioner of Oaths

Official stamp

**D**

**Please tick (✓) one of the options below**

- Please send my restoration certificate and practicing card by registered mail to the postal address indicated in Part A of this form
- Please do not send my restoration certificate and practicing card by registered mail because I will collect it in person or arrange to have it collected by another person