

Initials and Date of
Receipt



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Council of Namibia

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ALLIED HEALTH PROFESSIONS BOARD

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

A

APPLICATION FOR THE APPROVAL OF TRAINING FACILITY FOR PLACEMENT OF STUDENTS OR INTERNS FOR PRACTICAL ATTACHMENT

1. I / We _____ hereby apply to the relevant Council to offer training to qualified persons for registration to practice a profession.

2. Client (Account) No. _____

3. The following documents certified by a Commissioner of Oaths must accompany your application:

License from the Ministry of Health and Social Services.

Registration Certificate from Business and Intellectual Property Authority-BIPA(If applicable).

Memorandum of Understanding between the hospital or health facility at which practical training will be offered.

Self-assessment/accreditation tool.

4. The following non-refundable fees are payable:

Application fee of N\$2880.00(Namibian) – N\$4320.00(Non-citizen)

Banking details: Health Professions Council of Namibia, First National Bank of Namibia, Account number: 62072210695, Branch Code: 281872, Reference: Please use ONLY your client number as the reference.

Application fee, including inspection fee, re-inspection or subsequent inspection:

N\$5040.00, per day or part of a day

Issuing certificate **N\$240.00**

A
Particulars of Applicant

Name of Person /
Facility

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

Date of previous
inspection (if any)

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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

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Name of Applicant in block letters

Official stamp of business

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