



Private Bag 13387
Windhoek
Namibia

36/37 Schönlein Street
Windhoek West
Windhoek

Tel: +264 (0)61 245 586
Fax: +264 (0)61 224 549
URL: www.hpcna.com

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act 16 of 2024)
APPLICATION FOR CERTIFICATE OF STATUS
(Section 48(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of proof of identity.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B. PARTICULARS OF APPLICANT

Profession					
Registration number					
Title					
Surname					
First names					
Maiden name					
Sex	female	<input type="checkbox"/>		male	<input type="checkbox"/>
Citizenship					
ID number					
Passport number					
Physical address					
Postal address					
Contact number (home)					
Contact number (work)					
Contact number (mobile)					
Email address					

Please note: In terms of Section 46(4) of the Health Professions Act (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

Please indicate the purpose for which the Certificate of Status is required:

PART C: DECLARATION

I, the undersigned _____
Full name(s) and surname

Identity number/passport number: _____

hereby declare under oath/solemnly affirm that to the best of my knowledge, no proceedings involving or likely to involve a charge or offense under any law or unprofessional conduct in any country are pending against me at present.

Signature of applicant

Solemnly affirmed/ Sworn before me at:

on

D	D	M	M	Y	Y	Y	Y
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Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths