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## HEALTH PROFESSIONS COUNCIL OF NAMIBIA

*(Established by the Health Professions Act 16 of 2024)*

### APPLICATION FOR LICENCE

(Section 43(2) of the Act)

#### PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be addressed to the Registrar.
2. The completed application form must be accompanied by the following:
  - Certified copy of identity documents.
  - Proof of current employment.
  - 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.

**PART C: EXPERIENCE AS A REGISTERED PERSON UNDER CATEGORY: PUBLIC SERVICE**

This part is applicable to applications under Category: Independent Practise. Use a separate page if the space provided here is inadequate.

Employer	
Position	
Physical address	
Start date–end date	
Employer	
Position	
Physical address	
Start date–end date	
Employer	
Position	
Start date-end date	

**PART D: DECLARATION**

I, the undersigned \_\_\_\_\_  
Full name(s) and surname

Identity number/passport number: \_\_\_\_\_

hereby declare under oath/solemnly affirm that the information provided above is true, correct, and complete.

\_\_\_\_\_  
 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