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HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Health Professions Act 16 of 2024)

APPLICATION FOR APPROVAL OF EDUCATION

(Section 27(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 copies of business registration documents, if applicable.
 - Certified copies of registration with the National Council for Higher Education, if applicable.
 - Certified copies of proof of identity of the Head of the Educational Institution.
 - Authentic and detailed curriculum for the course of study.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Name of institution	
Physical address	
Postal address	
Telephone number	
Cellphone number	
Email address	

PART C: PARTICULARS OF HEAD OF INSTITUTION

Title	
Surname	
First names	
Position/designation	
Telephone number	
Cellphone number	
Email address	

PART D: PARTICULARS OF THE COURSE OF STUDY

Qualification type		Certificate		Diploma		Degree		Other
NQF Level								
Name of course of study								
Minimum duration of the course of study								
Physical address of campus								
Course coordinator (If applicable)	Full name							
	Telephone number							
	Cell phone number							
	Email							

PART E: PARTICULARS OF REPRESENTATIVE

The representative must be a natural person who is a member and/or director of the legal entity that owns the educational institution or must be duly authorised to act on behalf of the entity in completing this form.

Title	
Full name	
Position/designation	
Telephone number	
Cellphone number	
Email address	

Signature of Representative

Date

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