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HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Health Professions Act 16 of 2024)

APPLICATION FOR APPROVAL OF EDUCATIONAL INSTITUTION

(Section 28(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 proof of identity of the Head of Institution and the representative of the institution.
 - Proof of registration with the Namibia Council of Higher Education, if applicable.
 - Memorandum of Understanding between the educational institution and the hospitals or health facilities at which practical/clinical training will be offered.
 - Organogram of the educational institution.
 - Copies of the curricula vitae of the academic staff of the institution.
 - 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	
Full name	
Position/designation	
Telephone number	

Cellphone number	
Email address	

PART D. PARTICULARS OF APPROVED EDUCATION

Name of approved course	Registration number	Date of approval

PART E. PARTICULARS OF SITES OF TRAINING/ PREMISES/CAMPUSES

Number of campuses	
Physical addresses of each campus	1.
	2.
	3.

PART F: 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	

I undertake to notify the Council, in writing, if any person being trained fails in his or her training, is withdrawn, or voluntarily withdraws from training or for any other reason does not continue with his or her training.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 Representative _____

Date

D	D	M	M	Y	Y	Y	Y
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