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 LICENSE TO PRACTISE A PROFESSION, SUB-SPECIALITY OR SPECIALITY IN CATEGORY: INDEPENDENT PRACTISE

(Section 41(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 identity document.
   - An official service record of public service, indicating the date of commencement of public service and the completion date, if applicable.
   - 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			male		
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

Use a separate page if the space provided here is inadequate.

Employer	1.
Position	
Physical address	
Start date–end date	
Employer	2.
Position	
Physical address	
Start date–end date	
Employer	3.
Position	
Physical address	

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** |

_____

Name of Commissioner of Oaths

Official stamp

_____

Signature of Commissioner of Oaths