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## HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

### APPLICATION FOR REGISTRATION OF SUB-SPECIALITY, SPECIALITY, ADDITIONAL QUALIFICATION OR LISTING OF SUBJECT OR COURSE

(Section 38 (3) 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.
  - Certified copies of the qualifications or certifications on which the application is based.
  - Certified copies of academic transcripts bearing the official seal of the educational institution.
  - (If applicable) Original certificate of good standing from each registering authority covering all the countries you have worked in over the last five (5) years. The certificate must be issued not more than 120 days before the date of submission of this application.
  - Proof of payment of non-refundable application fee.
3. Applicants trained outside Namibia must submit the following in addition to the above:
  - Certified copy of the certificate of registration in the country where the qualification was obtained, or proof that the qualification entitles the applicant to practise the profession concerned in the country or state in which the qualification was obtained.
  - Proof of competency in English if the applicant completed their studies at an institution where English is not the medium of instruction.
  - Certified copy of the proof of qualification evaluation from the Namibia Qualification Authority.
  - Proof of qualification evaluation from the Educational Commission for Foreign Medical Graduates (foreign-trained medical graduates only).
  - All documents in a language other than English must be translated into English and certified by a sworn translator.
  - Any additional documents and information that the Council may require.

#### PART B: APPLICATION CATEGORY

Mark as appropriate.

	Registration of speciality
	Registration of sub-speciality
	Registration of additional qualification
	Listing of subjects or courses

#### PART C: PARTICULARS OF APPLICANT

Profession	
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 D: PARTICULARS OF QUALIFICATIONS, COURSES, AND SUBJECTS**

Name of educational institution					
Country					
Qualification/course/subject obtained and date obtained					
Name of educational institution					
Country					
Qualification/course/subject obtained and date obtained					
Name of educational institution					
Country					

Qualification/course/subject obtained and date obtained	

**PART E: DECLARATION**

I, the undersigned \_\_\_\_\_

Full name(s) and surname

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

Residential address

hereby declare under oath/solemnly affirm that:

1. I am the person mentioned in the accompanying qualifications/certifications, namely-

- a. \_\_\_\_\_ dated \_\_\_\_\_
- b. \_\_\_\_\_ dated \_\_\_\_\_
- c. \_\_\_\_\_ dated \_\_\_\_\_
- d. \_\_\_\_\_ dated \_\_\_\_\_

submitted by me in support of my application to the Health Professions Council of Namibia for

**State as per Part B of this form**

- 2. The said qualifications/certifications was/were granted to me after examination and is/are my own lawful property and entitle me, as far as professional qualifications are concerned, to practise my profession in the country.
- 3. The duration of study for the qualifications/certificates covered a period of \_\_\_\_\_ academic years.
- 4. The last \_\_\_\_\_ academic year(s) of study for admission to the examination for the qualification/certification in respect of which I apply for registration were taken at:

\_\_\_\_\_  
Name of educational institution

- 5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present.
- 6. I herewith consent that the Health Professions Council of Namibia may request and obtain from the educational institution as indicated in paragraph (4) above, any information and/or documents pertaining to any academic qualification/certification as indicated in paragraph (1) above, as the Council may determine.

7. I further consent to the Council requesting from any institution as listed or identified in this application, any information or documentation for the verification of the authenticity of any documents submitted in support of my application for registration.

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