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HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Health Professions Act 16 of 2024)

APPLICATION FOR REGISTRATION TO PRACTISE A PROFESSION

(Section 33(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.
 - Certified copies of the qualification(s) on which the application is based.
 - Certified copies of academic transcripts.
 - Certified copies of the certificate of completion of internship/practical training.
 - Certified copies of letters of good standing from each registering authority covering all 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 Qualifications Authority.
 - 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: 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 C: PARTICULARS OF QUALIFICATION

Name of Educational Institution	
Country	
Qualification and date obtained	

PART D: PARTICULARS OF PREVIOUS REGISTRATION

Have you previously been registered in any profession with a regulatory authority? If so, please provide details below.

Registering Authority	
Profession of registration	
Registration number	

PART E: PARTICULARS OF INTERNSHIP

Name of training institution	
Physical address of the training institution	

Start date–end date	

PART F: EXPERIENCE AS A REGISTERED PERSON

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

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

PART G: 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 qualification(s), namely-

- (a) _____ dated _____
- (b) _____ dated _____
- (c) _____ dated _____
- (d) _____ dated _____

submitted by me in support of my application to be registered in the Republic of Namibia as a

Indicate profession

2. The said qualification(s) 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 qualification(s) covered a period of _____ academic years.
4. The last _____ academic year(s) of study for admission to the examination for the qualification 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 the present time.
6. I herewith consent that the Health Professions Council of Namibia may request and obtain from the educational institution as indicated in (4) above, any information and/or documents pertaining to my academic qualification as indicated in (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