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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act 16 of 2024)

APPLICATION FOR RENEWAL OF LICENCE
(Section 44 (2) 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 copy of license.
 - Proof of current employment.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: APPLICATION CATEGORY

Mark as appropriate.

- Public service
 Independent practice

PART C: PARTICULARS OF APPLICANT

Profession					
Registration number					
License expiry date					
Title					
Surname					
First names					
Maiden name					
Sex	female	<input type="checkbox"/>		male	<input type="checkbox"/>
Citizenship					
ID 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: QUALIFICATION FOR REGISTRATION AS A REGISTERED PERSON

Educational Institution	
Country	
Qualification and Duration	
Date obtained	

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

PART E: EXPERIENCE AS LICENSED PERSON

(Use a separate page if space is inadequate.)

Hospital/ Health facility	Position	Town / City	Country	Dates

PRESENT POSITION

Hospital/ Health facility	Position	Town / City	Country	Dates

PART F: 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
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Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths