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HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Health Professions Act 16 of 2024)

APPLICATION FOR RESTORATION OF NAME AND OTHER ENTRIES TO REGISTER

(Section 50(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 copy of the registration certificate issued to the applicant upon registration.
   - Proof of payment of non-refundable application fee.
   - Proof of compliance with CPD requirements, where applicable.
   - Proof of payment of outstanding fees, if applicable.
   - Any additional documents and information that the Council may require.

If twelve (12) months have elapsed since the removal of the name from the register, then the applicant must apply for registration and not restoration.

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: EMPLOYMENT HISTORY SINCE REMOVAL OF NAME FROM THE REGISTER

Please state work engagements and positions held since the removal of your name from the register.

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

PART D: DECLARATION

I, the undersigned _____

Full name(s) and surname

Identity number/passport number:_____

hereby declare under oath/solemnly affirm that:

1. I am desirous that my name be restored to the Register for _____

   State profession

2. I am the person mentioned in the accompanying certificate of registration issued to me by the Council dated _____

3. My name was removed from the register for the following reason (Mark as appropriate):

	I requested in writing that my name be removed from the register.

	I failed to pay the Council on or before 31 March of the year concerned the annual fees determined by the Council and payable by me.
	I failed to comply with continuous professional development requirements.

4. I further state that (Mark as appropriate):

		I have paid the outstanding annual fees.
		I have complied with all the conditions/requirements pertaining to Continuous Professional Development.

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.

.....

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