



Health Professions Council of Namibia

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Pharmacy Board of Namibia

Please complete this form in full. Completed forms must be addressed to the Registrar

**APPLICATION FOR APPROVAL TO OFFER EDUCATION, TUITION OR TRAINING
LEADING TO A REGISTRABLE QUALIFICATION**

1. I / We _____ hereby apply to the Council to offer education, tuition or training leading to a registrable qualification.
2. Client /Account No. (if any) _____
3. The following non-refundable fees are payable:
 - a) Application fee of **N\$ 26,440.00.**
 - b) Certificate fee of **N\$ 230.00.**
4. Attach the curriculum and any such particulars and documents regarding the education, tuition, or training to be offered.

**A
Particulars of Applicant**

Name of person or
Educational Institution

Postal Address:

Contact Numbers:

Work, Home,
Fax & Cell

E-mail Address:

Please print e-mail address clearly

Nature of course of study to be offered
(certificate, diploma, degree, Master,
PhD).

Name of course:

Minimum duration of course:

Intended date of introduction:

Date of previous inspection (if any):

I undertake to inform the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

Signature of Applicant

Date

Name of Applicant in block letters

Official stamp of Person or Educational Institution.