

Initials and Date of  
Receipt



**Health Professions Councils of Namibia**

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**MEDICAL & DENTAL COUNCIL OF NAMIBIA**

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

**APPLICATION AND INSPECTION FOR THE APPROVAL OF HOSPITAL AND HEALTH  
FACILITY FOR PLACEMENT OF STUDENTS OR INTERNS FOR PRACTICAL  
ATTACHMENT**

1. I / We \_\_\_\_\_ hereby apply to the relevant Council to offer  
\*education/\*tuition/\*training.
2. Reg No. \_\_\_\_\_ Client (Account) No. \_\_\_\_\_
3. An application and inspection fee of **N\$22 620.00** (*per day or part of a day*).

**Particulars of Applicant**

Name of Person /  
Facility

Postal Address

Contract Numbers

Work, Home,  
Fax & Cell

e-mail address

*Please print e-mail address clearly*

Nature of facility and nature of education/tuition/training to be provided

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Date of previous inspection (if any)

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the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.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