



## Health Professions Councils of Namibia

*P Bag 13387, Windhoek  
36/37 Schönlein Street, Windhoek West  
Telephone +264 61 245586 / 245928 / 247281 / 245052  
/ Fax +264 61 224549 / 271891  
e-mail address: [ahpc@hpcna.com.na](mailto:ahpc@hpcna.com.na)*

### ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

#### A

### Application by a registered practitioner for the issuing of a certificate of status

**Profession** \_\_\_\_\_

1. The following fees are payable:

A non-refundable application for certificate of status	<b>Namibian: N\$390.00</b>	<b>Non-Citizen: N\$585.00</b>
Issuing of certificate	<b>N\$230.00</b>	<b>N\$345.00</b>

2. An affidavit to the effect that no criminal proceedings are pending against the applicant is required.

#### B

### Personal Particulars

Surname	<input type="text"/>	Prof./Dr.	Mr. / Ms
First Names	<input type="text"/>		
Client (Account) No.	<input type="text"/>	Male	Female
Business Address	<input type="text"/>		

Residential Address

Postal Address

Telephone Home   
Work   
Cell

Fax   
e-mail

**Please print e-mail address clearly**

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Please indicate the purpose for which the Certificate of Status is required below (possible relocation, further studies, etc)

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Signature of practitioner

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Date

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Name in block letters

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PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE

**HEALTH PROFESSIONS COUNCILS OF NAMIBIA**  
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**36/37 SCHÖNLEIN STREET, WINDHOEK WEST**  
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**ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA**

E-MAIL ADDRESS : [ahpc@hpcna.com.na](mailto:ahpc@hpcna.com.na)

PLEASE COMPLETE THIS FORM IN FULL. THE COMPLETED FORMS MUST BE ADDRESSED TO THE REGISTRAR

**AFFIDAVIT IN TERMS OF SECTION 29 OF THE ALLIED HEALTH PROFESSIONS ACT,  
2004 (ACT NO. 7 OF 2004)**

I, the undersigned, Prof; Dr; Mr; Mrs/Ms. \_\_\_\_\_,  
with ID/Passport number: \_\_\_\_\_, HPCNA Customer No. \_\_\_\_\_  
and  
HPCNA Registration No. \_\_\_\_\_, do hereby declare that:

1. I am registered with the Health Professions Council of Namibia as a

\_\_\_\_\_  
(state the profession and the category)

2. I hereby confirm that there is no criminal or unprofessional conduct proceeding pending against me in any country at present.

**DEPONENT**

Solemnly sworn / affirmed before me at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

The Deponent has acknowledged that: he / she knows and understand the contents of this affidavit; he / she has no objection to taking the prescribed oath; and he / she considers the oath to be binding on his / her conscience.

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Name & Signature  
(Deponent)

Official stamp

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Name & Signature  
*Commissioner of Oaths*