



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

ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

Application for Registration of a Speciality / Sub-speciality / Additional Qualification

_____ (state profession)

Client (Account) No. _____

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Qualification(s) on which application is based
2. **Original** transcript of subjects (Must be an official document with the official seal of Training Institution)
3. Proof of duration of study course from the training facility:
4. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
Application fee for registration of a speciality:	N\$600.00	N\$900.00
Application fee for registration of additional qualification	N\$450.00	N\$675.00
Issuing of certificate:	N\$230.00	N\$345.00

Surname	<input type="text"/>	Title	<input type="text" value="Prof./Dr. Mr./Ms"/>	
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Postal Address	<input type="text"/>			

Banking details :Allied Health Professions Council, First National Bank, Account number: 62074009012, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.

Telephone	Home		Fax	
	Work		Cell	
	e-mail			

Please print e-mail address clearly

Please note: *In terms of the relevant legislation, any change in residential or postal address must be reported in writing to the Registrar within 30 days of such change taking place.*

Particulars of Speciality / Sub-speciality / Additional Qualification

University/Training Institution	Country	Degree	Date

I hereby apply to have the above a speciality / sub-speciality / additional qualification registered against my name in the Register for _____
(state profession)

I, _____ declare that I lawfully possess the above qualification.
(First name(s) and Surname)

 Signature of Applicant

 Date

Banking details : Allied Health Professions Council, First National Bank, Account number: 62074009012, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.