

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 for registration as Student in Practical Training

The following documents	(original or certified by a Commissioner of Oath	ns) must ac	company yo	ur application:
	hip (birth certificate or passport or national iden ry of Home Affairs & Immigration (*only in the	•		
2. Copy of a letter	indicating that you have undergone pre-internshi	p evaluatio	on and was u	nsuccessful.
3. Non-refundable	application fee of N\$ 450.00 (Namibian) and N\$	1 800.00 (Non-citizen)	
	te fee of N\$ 230.00 (Namibian) and N\$ 920.00 (ready submitted any of these documents to the Counc		*	needed).
Surname		Title	Prof. / Dr.	Mr. / Ms
First Names				
Maiden Name		Gender	Male	Female
Residential Address				
Postal Address				
Telephone Home	Fax			
Work	Cell			
e-mail				

Please print your e-mail address clearly

<u>Please note:</u> 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.

Citizen of		
Proof of status (Passport, ID, Birth Certificate) (Please enter the type and nu	umber of the relevant docum	nent and attach a copy thereof)
Please take note:		
 agreement with the a copy of the practical Before commencements signed practical train As soon as you have the name and busines the approved training On completion of practical 	pproved training facility at a training agreement will be ent of the practical training, ting agreement with the approximenced with the practices address including the telegraphic facility where you have constitutions.	cal training, you must furnish the Council with lephone and fax numbers, e-mail address, of symmetrical with practical training. Symitto the Council a certificate of completion
Signature of Applica	.nt	Date
		n any country been convicted of any offence
		ason of misconduct and to the best of my
knowledge and belief no propending against me in any co		y to involve a charge of any such nature are
Signature of Applica	ant	Date
Sworn / solemnly affirmed b	efore me at	
this day of	20	
Official stamp		Name
		Signature Commissioner of Oaths