

Initials and Date of
Receipt



Health Professions Councils of Namibia

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MEDICAL AND DENTAL COUNCIL

Please complete this form in full. Only original forms will be accepted. Completed forms must be addressed to the Registrar.

APPLICATION FOR APPROVAL OF COURSE OF STUDY PROVIDING EDUCATION, TUITION OR TRAINING LEADING TO A QUALIFICATION (CURRICULUM)

I / We _____ hereby apply to the Council for approval to present a course of study leading to a qualification

Client (Account) No. _____

The course content must accompany the application
A non-refundable application fee of N\$9940.00 is payable

Particulars of Applicant

Name of Person /
Educational institution /
Facility

Postal Address

Contract Numbers

Work / Cell

e-mail address

Please print e-mail address clearly

Nature of course of study to be provided (certificate, diploma, degree)

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Name of course

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Minimum duration of course

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Intended date of introduction

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Signature of Applicant

Date

Name of Applicant in block letters

Official stamp of Educational Institution/
Training Facility