



## Health Professions Councils of Namibia

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### MEDICAL & DENTAL COUNCIL

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

A

Application for Registration as \_\_\_\_\_  
 (Indicate your profession please)

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

1. Proof of citizenship (birth certificate, passport, identity document, \*Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (\*only in the case of Namibian citizens).
2. Qualifications on which your application is based (*Qualifications obtained outside Namibia must be submitted together with a confirmation that the qualification entitles the holder to practice the profession concerned, in the country where the qualification was obtained*).
3. Certificate of completion of Internship/practical training.
4. Certificate of Registration from the country in which the qualification in 2 above was obtained or other proof of entitlement to practice in that country.
5. **Original Letter of Good Standing** (Certificate of Status) from every registering authority covering all countries you have worked in over the last 5 years or since completion of internship/practical training if you have less than 5 years 'experience. The certificate must be issued not more than 120 days before the date of submission of your application.
6. Certificate from the Colleges of Medicine in South Africa plus the original completion record for specialization from the relevant University (*Applicable to medical and dental practitioners only*).
7. Proof of competency in English if not a graduate of an English medium university/training institution.
8. **Original transcript of subjects** (*Must be an official document with the official seal of the training institution*).
9. **Proof of a 4-years Registrar ship / Clinical appointment** from the Head of Department at the Institution where you have completed your practical training during specialist study.
10. Proof of qualification evaluation from **Educational Commission for Foreign Medical Graduates** (Foreign Trained Medical Graduates only).
11. Proof of qualification evaluation from **Namibia Qualification Authority (NQA)** (*Foreign trained*).
12. An Apostille from the country of origin of qualifications, if obtained outside Namibia (*An Apostille is a certificate that authenticates the origin of the document*).
13. All documents must be translated into the English language and certified by a sworn translator
14. The following **Non-refundable** fees are payable for application for registration:

Biomedical Engineer, Clinical Biochemist, Genetic Counselor, Medical Biological Scientist, Medical Physicist and Medical Scientist	N\$ 1000
General Medical Practitioner and/or Dentist	N\$ 3450
Specialist	N\$ 1390
Oral Hygienist	N\$ 530
Ophthalmic assistant	N\$ 530
Medical Assistant, Clinical Officer, Rural Medical Aid	N\$ 530

**A pro rata annual (maintaining) before your registration certificate will be released**

**Please note that -**

- Your registration may be subject to a pre-registration oral evaluation or examination on a date and time determined by the Council. The following fees are payable:

**Pre-registration oral evaluation/ Examination for Medical and Dental Practitioner**

First Evaluation:	N\$ 3000
Second Evaluation:	N\$ 3500
Third Evaluation:	N\$ 4000

**Pre-registration evaluation for:**

Biomedical Engineer, Clinical Biochemist, Genetic Counselor, Medical Biological Scientist,  
Medical Physicist and Medical Scientist N\$ 1330

Oral hygienist, Ophthalmic Assistant, Medical Assistant, Clinical Officer, Rural Medical Aid N\$ 1060

**Specialist or sub-specialty (1<sup>st</sup> Examination)** N\$ 4770

**Specialist or sub-specialty (Re-examination)** N\$ 5830

Fee for remarking of pre-registration evaluation paper:	<b>1<sup>st</sup> evaluation</b>	N\$ 1000
	<b>2<sup>nd</sup> Evaluation</b>	N\$ 1500
	<b>3<sup>rd</sup> Evaluation</b>	N\$ 2000
	<b>Supplementary Evaluation</b>	N\$ 500

- If you successfully pass the evaluation/examination, the Ethics and Jurisprudence Manual must be purchased at a cost of N\$330.00 and the questionnaire completed and sent to the Registrar before an applicant will be registered.

**B  
Personal Particulars**

Surname		Title	<input type="checkbox"/> Prof. / Dr.	<input type="checkbox"/> Mr. / Ms
First Names				
Maiden Name		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residential Address				
Postal Address				
Telephone	Home		Fax	
	Work		email	
	Cell			

**Please print clearly**

**Please note:** *In terms of the relevant legislation, any change in residential or postal address taking place after the date of registration 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 number of the relevant document and attach a certified copy thereof)*

Have you been registered in any profession with a former professional Board or an interim health professions Council in Namibia before? If so, please provide details with regard to the approximate date (year) and profession below:

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**C**  
**Training and Particulars of Registration**

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Category of registration requested

Previous Registration Authority

Previous Registration Number

**QUALIFICATION FOR REGISTRATION AS PRACTITIONER**

University/Training Institution

Country

Degree / Diploma & Prescribed Duration of Training

Date obtained

**INTERNSHIP / PRACTICAL TRAINING**

Hospital/Training Institution	Dept.	Country	University	Dates (Starting and Ending each rotation)

**EXPERIENCE AS PRACTITIONER**  
*(Use a separate page if space is inadequate)*

Hospital/ Training Institution	Dept.	Post	Town / City	Country	Dates

**PRESENT POSITION**

Hospital/ Training Institution	Dept.	Post	Town / City	Country	Dates

**D**  
**Employment in Namibia**

- Name, address and telephone number of current or potential employer in Namibia and the profession in which you are employed
- Will you serve in Namibia in terms of a contract with any local or international organization? If so, provide same particulars as in 1. above as well as term of contract

**E**  
**Application for Registration**

I, the undersigned \_\_\_\_\_  
*(Full name(s) and Surname)*

\*Identity or \*Passport Number \_\_\_\_\_

of \_\_\_\_\_  
*(Residential Address)*

hereby apply for registration as a \_\_\_\_\_ in Namibia and under oath declare/solemnly affirm that;

1. I am the person mentioned in the accompanying qualification(s), namely –

(a) \_\_\_\_\_ dated \_\_\_\_\_

(b) \_\_\_\_\_ dated \_\_\_\_\_

(c) \_\_\_\_\_ dated \_\_\_\_\_

submitted by me in support of my application to be registered in the Republic of Namibia as a

\_\_\_\_\_  
*(Indicate your profession)*

2. The said qualification(s) was / were granted to me after examination and is / are my own lawful property and entitle me as far as professional qualifications are concerned to practice my profession in the country of its / their origin, namely, \_\_\_\_\_.

3. The course of study in professional subjects undergone by me covered a period of \_\_\_\_\_ academic years.

4. The last \_\_\_\_\_ academic year(s) of professional study for admission to the examination for the qualification in respect of which I apply for registration were taken at:

\_\_\_\_\_  
*(Name of University / Medical School / Training Institution)*

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

6. I herewith consent that the Medical and Dental Council of Namibia (the Council), may request and obtain from the University or training institution as indicated in Part C above, any information and/ or documents pertaining to my academic qualification as indicated in Part E above, as the Council may determine.

7. I further consent, to the Council requesting from any institution as listed or identified in this application, for verification of authenticity of any documents submitted in support of my application for registration.

\_\_\_\_\_  
Signature

Sworn / solemnly affirmed before me at \_\_\_\_\_ this \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name

Official stamp

\_\_\_\_\_  
Signature  
*Commissioner of Oaths*

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**F**

**Inspection of Professional Practice and Performance Assessment after registration**

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1. I accept and understand that, once I am registered with Council, Council may authorize any person in writing to inspect my professional practice, including the premises where such practice is being conducted, at any time and as and when deemed necessary by Council. I hereby give my consent to such an inspection.
2. I further accept and agree that I have to subject myself to performance assessments by the Council, which includes the assessment of my performance, skills, competence and knowledge.

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Signature