



Health Professions Councils of Namibia

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NURSING COUNCIL

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

A

Application for Temporary Registration as _____ for the purpose of promoting education, tuition or training

The following documents (certified by a Commissioner of Oaths unless otherwise indicated) 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.
3. 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.
4. **Original** Certificate of Good Standing 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.
5. Proof of competency in English if not a graduate of an English medium university/training institution.
6. **Original** transcript of subjects (Must be an official document with the official seal of Training Institution)
7. All documents must be translated into the English language and certified by a sworn translator. (Documents in original language to be submitted as well.)
8. Proof of payment for the following non-refundable fees:
Application for temporary registration N\$530.00
Issuing of a certificate N\$200.00
9. Ethics and Jurisprudence Manual must be purchased at a cost of N\$330.00

B

Personal Particulars

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

Postal Address

Telephone Home Fax
Work Cell
e-mail

Please print e-mail address clearly

Citizen of

Proof of status (*Passport, ID, Birth Certificate*)

(Please enter the type and number of the relevant document and attach a copy thereof)

C

Training and Particulars of Registration

Category of registration requested

Previous Registration Authority

Previous Registration Number

Qualification for registration as a practitioner

University/Training Institution

Country

Qualifications & Prescribed Duration of Training

Date(s) obtained

Internship / Practical Training (if applicable)

Hospital/Training Institution	Dept.	Country	University / Training Institution	Dates (Starting and Ending each rotation)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Experience as practitioner
(Use a separate page if necessary)

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

Present position

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

D
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.

Signature

Sworn / solemnly affirmed before me at _____ this _____ day of _____ 20 _____

Name in block letters

Official stamp

Signature
Commissioner of Oaths