



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: nc@hpcna.com.na

NURSING COUNCIL

A

Application for noting of a listed qualification or subject or course

(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 OR Proof of subjects attained OR Course completed
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. A non-refundable application fee of N\$220.00 (Namibian) N\$ 880.00 (non-Citizen) as well as a fee of N\$220.00 (Namibian) N\$ 880.00 (non-Citizen) to issue a certificate is payable

B

Personal Particulars

Surname

	Mr./Ms
--	--------

First Names

--

Maiden Name

	Male	Female
--	------	--------

Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872

NB! Use your client number as our reference.

Postal Address

Telephone Home Fax
Work email
Cell

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 Qualification OR Subjects OR Course completed

University/Training Institution	Country	Qualification	Date completed

I hereby apply to have the above qualification listed against my name in the Register for
(state profession) _____

I _____ (first name(s) and surname) declare that I lawfully possess the above qualification.

Signature of Applicant

Date

***Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872
NB! Use your client number as our reference.***