



## 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](mailto:nc@hpcna.com.na)*

### Nursing Council

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

#### A

### Application by a registered practitioner for the issuing of a certificate of status

**Profession** \_\_\_\_\_

1. A non-refundable application fee of N\$470.00 (Citizen) N\$1,880.00 (non-Citizen) is payable as well as a fee of N\$220 for issuing the Certificate of Status
2. Application for confirming registration status N\$360.00 (Citizen) N\$1,440.00 (non-Citizen)
3. Application for confirmation of authorization status N\$650.00 (Citizen) N\$2,600.00 (non-Citizen)
4. An affidavit to the effect that no criminal proceedings are pending against the applicant is required

#### B

### Personal Particulars

	Prof./Dr.    Mr. / Ms
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Surname

First Names

Client (Account) No.

Male

Female

Business Address

Residential Address

**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 e-mail

Work  
Cell

Please print e-mail address

clearly

**C**

Please indicate the purpose for which the Certificate of Status is required below (possible relocation, further studies, etc) and the address it should be sent to

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Signature of practitioner

Date

Name in block letters

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PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE

**HEALTH PROFESSIONS COUNCILS OF NAMIBIA**  
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**Email: [nc@hpcna.com.na](mailto:nc@hpcna.com.na)**

**NURSING COUNCIL OF NAMIBIA**

PLEASE COMPLETE THIS FORM IN FULL. THE COMPLETED FORMS MUST BE ADDRESSED TO THE REGISTRAR

**AFFIDAVIT IN TERMS OF SECTION 30 OF THE NURSING ACT, 2004 (ACT NO. 8 OF 2004)**  
I, the undersigned, Prof; Dr; Mr; Mrs./Ms. \_\_\_\_\_,

with ID number: \_\_\_\_\_, HPCNA Customer No. \_\_\_\_\_ and

HPCNA Registration No. \_\_\_\_\_, do hereby declare that:

1. I am registered with the Health Professions Council of Namibia as a

\_\_\_\_\_  
(state the profession and the category)

2. I hereby confirm that there is no criminal or unprofessional conduct proceeding pending against me in any country at present.

**DEPONENT**

Solemnly sworn / affirmed before me at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

The Deponent has acknowledged that: he / she knows and understand the contents of this affidavit; he / she has no objection to taking the prescribed oath; and he / she considers the oath to be binding on his / her conscience.

\_\_\_\_\_  
Name

Official stamp

\_\_\_\_\_  
Signature

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