



## Health Professions Councils of Namibia

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### NURSING COUNCIL OF NAMIBIA

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

#### Application for Registration of a Specialty / Sub-specialty / Additional Qualification

(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
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. The following fees are payable:

N\$580.00 (Citizen) N\$2320.00 (non-Citizens) for registration of a specialty or sub-specialty as a specialist practitioner as well as N\$220.00 (Citizens) N\$880.00 (non-Citizens) to issue the certificate.

N\$440.00 (Citizens) N\$ 1,920.00 (non-Citizens) for an additional qualification as well as N\$220.00 (Citizen)

N\$ 880.00(non-Citizens) to issue the certificate

#### B

#### Personal Particulars

Surname

Title

Prof./Dr.

Mr./Ms

First Names

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

**NB! Use your client number as our reference.**

Maiden Name	<input type="text"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Postal Address	<input type="text"/>			
Telephone	<input type="text"/>	Fax	<input type="text"/>	
Home		Cell		
Work	<input type="text"/>		<input type="text"/>	
e-mail	<input type="text"/>			
<i>Please print e-mail address clearly Please</i>				

**note:** In terms of the relevant legislation, any change in residential or

*postal address must be reported in writing to the Registrar with 30 days of such change taking place.*

**Particulars of Specialty / Sub-specialty / Additional Qualification**

University/Training Institution	Country	Degree	Date

I hereby apply to have the above a specialty / sub-specialty / additional qualification registered against my name in the Register for

\_\_\_\_\_

*(state profession)*

I, \_\_\_\_\_ declare that I lawfully possess the above qualification.  
*(First name(s) and Surname)*

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

