



## Health Professions Councils of Namibia

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**Pharmacy Council:** Ms ME Mathe and Mr M Buys

*Please complete this form in full. Only original forms, completed in your own hand, will be accepted. Completed forms must be addressed to the Registrar*

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

\_\_\_\_\_ (state profession)

Reg. No. \_\_\_\_\_

Client 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. A non-refundable Application for registration fee of N\$ 530.00 is payable.
5. Issuing of certificate N\$200.

Surname	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text" value="Prof./Dr. Mr./Ms"/>
First Names	<input style="width: 95%;" type="text"/>		
Maiden Name	<input style="width: 95%;" type="text"/>	Gender	<input style="width: 15%;" type="text" value="Male"/> <input style="width: 15%;" type="text" value="Female"/>
Postal Address	<input style="width: 95%;" type="text"/>		
Telephone	Home <input style="width: 40%;" type="text"/>	Fax	<input style="width: 40%;" type="text"/>
	Work <input style="width: 40%;" type="text"/>	Cell	<input style="width: 40%;" type="text"/>
e-mail	<input style="width: 95%;" type="text"/>		

**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 Additional Qualification / Speciality**

<b>University/Training Institution</b>	<b>Country</b>	<b>Degree</b>	<b>Date</b>

I hereby apply to have the above additional qualification / speciality / sub-speciality 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