



Health Professions Councils of Namibia

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Pharmacy Council: Ms ME Mathe and Mr M Buys

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

A

Application for Registration as _____
 (Indicate your profession please)

The following documents (original or certified by a Commissioner of Oaths) 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. Original certificate of completion of Internship/practical training if applicable.
4. 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.
5. Original Letter of Good Standing (Certificate of Status) 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.
6. Proof of competency in English if not a graduate of an English medium university/training institution.
7. Detailed curriculum from the university. (foreign trained)
8. Original transcript of subjects indicating hours (Must be an official document with the official seal of the training institution)
9. All documents must be translated into the English language and certified by a sworn translator
10. The following fees are payable:

Application for registration –

Pharmacist	N\$1390
Pharmaceutical Technician	N\$530
Pharmacist's Assistant	N\$530
Issuing of certificate	N\$200
Evaluation of a curriculum	N\$500

A *pro rata* annual (maintaining) before your registration certificate will be released

Please note that -

1. Your registration may be subject to a pre-registration oral evaluation or examination on a date and time determined by the Council. The following fees are payable:

<u>Examination</u> (including a re-examination)	N\$4500
<u>Pre-registration evaluation</u>	
Pharmacist	N\$2650
Pharmaceutical Technician and Pharmacist's Assistant	N\$860
Pre-registration oral evaluation (2 nd or subsequent attempt)	N\$2650 (all professions)

Fee for remarking of pre-registration evaluation paper N\$940

2. The Namibia Standard Treatment Guidelines must be purchased at a cost of N\$400.00, the Ethics and Jurisprudence Manual at a cost of N\$310.00 and the Ethics questionnaire completed and returned to the Registrar before an applicant will be registered.

B
Personal Particulars

Surname	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
First Names	<input style="width: 98%;" type="text"/>			
Maiden Name	<input style="width: 95%;" type="text"/>	Gender	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residential Address	<input style="width: 98%;" type="text"/>			
Postal Address	<input style="width: 98%;" type="text"/>			
Telephone	Home	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>
	Work	<input style="width: 95%;" type="text"/>	email	<input style="width: 95%;" type="text"/>
	Cell	<input style="width: 95%;" type="text"/>		

Please print clearly

Please note: *In terms of the relevant legislation, any change in residential or postal address taking place after the date of registration must be reported in writing to the Registrar within 30 days of such change taking place.*

Citizen of

Proof of status
(Passport, ID, Birth Certificate)

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

Have you been registered in any profession with a former professional Board or an interim health professions Council in Namibia before? If so, please provide details with regard to the approximate date (year) and profession below:

C
Training and Particulars of Registration

Category of registration requested	<input style="width: 95%;" type="text"/>
Previous Registration Authority	<input style="width: 95%;" type="text"/>
Previous Registration Number	<input style="width: 95%;" type="text"/>

QUALIFICATION FOR REGISTRATION AS PRACTITIONER

University/Training Institution	<input style="width: 95%;" type="text"/>
Country	<input style="width: 95%;" type="text"/>
Degree / Diploma & Prescribed Duration of Training	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>

Date obtained

INTERNSHIP / PRACTICAL TRAINING

Hospital/Training Institution	Dept.	Country	University	Dates (Starting and Ending each rotation)

EXPERIENCE AS PRACTITIONER

(Use a separate page if space is inadequate)

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

PRESENT POSITION

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

D

Employment in Namibia

1. Name, address and telephone number of current or potential employer in Namibia and the profession in which you are employed

2. Will you serve in Namibia in terms of a contract with any local or international organization? If so, provide same particulars as in 1. above as well as term of contract

E
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)

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

Official stamp

Signature
Commissioner of Oaths

F

Inspection of Professional Practice and Performance Assessment after registration

1. I accept and understand that, once I am registered with Council, Council may authorize any person in writing to inspect my professional practice, including the premises where such practice is being conducted, at any time and as and when deemed necessary by Council. I hereby give my consent to such an inspection.
2. I further accept and agree that I have to subject myself to performance assessments by the Council, which includes the assessment of my performance, skills, competence and knowledge.

Signature