



Health Professions Councils of Namibia

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Pharmacy Council of Namibia

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 fee for registration is payable:

Additional qualification	N\$ 580.00 (Namibian citizens)	N\$ 2,320.00(non-citizens)
Specialty	N\$ 1,520.00 (Namibian citizens)	N\$ 6,080.00(non-citizens)
5. Issuing of certificate

N\$ 220.00 (Namibian citizens)	N\$ 880.00(non-citizens)
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Surname

Title

Prof./Dr. Mr./Ms

First Names

Maiden Name

Gender

Male

Female

Postal Address

Telephone Home

Fax

Work

Cell

e-mail

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

University/Training Institution	Country	Degree	Date

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