



## Health Professions Councils of Namibia

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### PHARMACY COUNCIL

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

#### A

Application for Temporary Registration as \_\_\_\_\_ for the purpose of promoting education, tuition, or training.

The following documents (certified by a Commissioner of Oaths unless otherwise indicated) 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. 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.
4. **Original** Certificate of Good Standing 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.
5. Proof of competency in English if not a graduate of an English medium university/training institution.
6. **Original** transcript of subjects (Must be an official document with the official seal of Training Institution)
7. All documents must be translated into the English language and certified by a sworn translator. (Documents in original language to be submitted as well.)
8. Proof of payment for the following non-refundable fees:
 

Application for temporary registration:	N\$ 1,520.00 (Namibian citizens);	N\$ 6,080.00 (non-citizens)
Issuing of certificate	N\$ 220.00 (Namibian citizens);	N\$ 880.00 (non-citizens)
9. Your registration may be subject to a pre-registration oral evaluation or examination on a date and time determined by the Council. The prescribed fees are as follows:
 

Pharmacist	N\$ 2,890.00 (Namibian citizens)	N\$ 11,560.00 (non-citizens)
Pharmaceutical Technician	N\$ 940.00 (Namibian citizens)	N\$ 3,760.00 (non-citizens)
Pharmacist's Assistant	N\$ 940.00 (Namibian citizens)	N\$ 3,760.00 (non-citizens)
Pharmacist Intern	N\$ 1,090.00 (Namibian citizens)	N\$ 4,360.00 (non-citizens)

1. Applicants will be required to purchase the following reference materials before registration:
 

Namibia Standard Treatment Guidelines	N\$ 490.00 (Namibian citizens)	N\$ 1,960.00 (non-citizens)
Ethics and Jurisprudence Manual	N\$ 380.00 (Namibian citizens)	N\$ 1,520.00 (non-citizens)

**B**  
**Personal Particulars**

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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"/>	Cell	<input style="width: 95%;" type="text"/>
	e-mail	<input style="width: 98%;" type="text"/>		
		<i>Please print e-mail address clearly</i>		
Citizen of	<input style="width: 98%;" type="text"/>			
Proof of status <i>(Passport, ID, Birth Certificate)</i>	<input style="width: 98%;" type="text"/>			
	<i>(Please enter the type and number of the relevant document <u>and attach a copy thereof</u>)</i>			

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**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"/>
	<b>Qualification for registration</b>
University/Training Institution	<input style="width: 98%;" type="text"/>
Country	<input style="width: 98%;" type="text"/>

Qualifications & Prescribed  
Duration of Training

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Date(s) obtained

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**Internship/Practical training (if applicable)**

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

**Experience as a practitioner**  
*(Use a separate page if necessary)*

<b>Hospital/ Training Institution</b>	<b>Dept.</b>	<b>Post</b>	<b>Town / City</b>	<b>Country</b>	<b>Dates</b>

**Present position**

<b>Hospital/ Training Institution</b>	<b>Dept.</b>	<b>Post</b>	<b>Town / City</b>	<b>Country</b>	<b>Dates</b>

**D**

**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)

5. 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 in block letters

Official stamp

\_\_\_\_\_  
Signature  
Commissioner of Oaths