

Application form for supernumerary Registration

Form 1d

INDEX NO.....



*Please affix firmly
a recent Passport -
size Color
photograph of
yourself here*

HEALTH PROFESSIONS COUNCIL OF ZAMBIA
Plot 6640 Mberere Road, Olympia
P.O BOX 32554 Lusaka 10101, Zambia. Tel:+260 211 236241
Fax: +260 211 239317 Mobile 0770023624 +260 972666069
Email: info@hpcz.org.zm Website: www.hpcz.org.zm

APPLICATION FOR SUPERNUMERARY REGISTRATION
(For all postgraduate students enrolled in health training programs)

Surname.....Forename(s).....
Gender: female () Male () Date of birth/...../..... Nationality.....
NRC No.Passport No. (**ONLY if not in possession of NRC**).....
Physical address.....
Tel/Mobile.....
Email address.....
Name and Phone No. of Next of Kin or prospective Employer.....
Qualification Level according to Zambia Qualifications Authority/ ECFMG () Certificate (), Diploma (),
Bachelor’s Degree () Masers Degree () PhD ()
Programme (s) Pursued:.....
Training Institution (s).....
Profession of applicant:.....
Type of registration certificate previously held.....

I.....do solemnly declare as follows:
a) That the information provided in this form is correct and true
b) That the attached documents are genuine and that I make this solemn declaration conscientiously believing
the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20

Before me.....

Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS:

- a) Certified Professional Qualification (s)
- b) Proof of payment of fees
- c) Proof of a valid Certificate of Good Standing/ Certificate of Status and/or Practicing Certificate
- d) Certified photocopy of the National Registration ID/ valid immigration and passport documents for non-Zambians
- e) One passport size photograph with white background (Observe formal dress code strictly no veil)
- f) Proof of registration from Country of origin or Country the practitioner last practiced.

PAYMENT METHODS		
Zambia National Commercial Bank	Using a Bill Muster form	
Stanbic Bank, Arcades Branch	Account No. 9130002152316	Sort code 040010

For Official use:

Amount Paid.....Receipt No.SignatureDate stamp
(Accounts Unit)

Reviewed By (Name).....Signature..... Date.....
(Registration Officer- Indexing)

Verified By (Name)..... Signature Date
(Senior Registration Officer)

Recommended By (Name)..... Signature Date
(Regional Manager)

Approved By (Name)..... Signature Date.....
(Registrar)