



## Health Professions Councils of Namibia

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### Medical & Dental Council

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

### Application for Registration of an Additional Qualification/ Speciality / Sub-speciality

(state profession)

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

Client (Account) No. \_\_\_\_\_

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Identity documents,
2. Qualification(s) on which application is based,
3. **Original** transcript of subjects (Must be an official document with the official seal of Training Institution),
4. **Proof of a 4-years Registrar ship / Clinical appointment** from the Head of Department at the Institution where you have completed your practical training during specialist study (Specialist),
5. Proof of duration of study course from the training facility (additional qualification),
6. \*A non-refundable Application for registration fee of **N\$1440 .00** for a speciality or sub-speciality as well as a registration fee of **N\$200** is payable,
7. \*A non-refundable Application for registration fee of **N\$550 .00** for an additional qualification as well as a registration fee of **N\$200.00** is payable.

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

Please print e-mail address clearly

**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 Speciality / Sub-speciality / Additional Qualification**

University/Training Institution	Country	Degree	Date

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