

## **Health Professions Councils of Namibia**

P Bag 13387, Windhoek 36/37 Schönlein Street, Windhoek West Telephone +264 61 245586 / 245928 / 247281 / 245052 / Fax +264 61 224549 / 271891

e-mail address: nc@hpcna.com.na

## **Nursing Council** Please complete this form in full. Completed forms must be addressed to the Registrar Application by a registered practitioner for the issuing of a certificate of status Profession \_ A non-refundable application fee of N\$430 is payable as well as a fee of N\$200 for issuing the Certificate 1. of Status An affidavit to the effect that no criminal proceedings are pending against the applicant is required 2. **Personal Particulars** Prof./Dr. Surname Mr. / Ms First Names Client (Account) No. Male Female **Business Address** Residential Address Postal Address Telephone Home Fax

e-mail

Work

Cell			Plea	ase print e-mail address clearly
		C		
Please indicate the purpostudies, etc) and the address	ose for which t ss it should be s	the Certificate of sent to	Status is required b	elow (possible relocation, further
Signature of practitioner				Date
Name in block letters				



PRORECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE

## HEALTH PROFESSIONS COUNCILS OF NAMIBIA P BAG 13387, WINDHOEK 36/37 SCHÖNLEIN STREET, WINDHOEK WEST TELEPHONE +264 61 245586 / 245928 / 247281 / 245052

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Enquiries: Ms S Leppen and Ms N Shituula

PLEASE COMPLETE THIS FORM IN FULL. THE COMPLETED FORMS MUST BE ADDRESSED TO THE REGISTRAR

AFI	FIDAVIT IN TERMS OF SE	CTION 30 OF THE NURSING ACT, 2004 (ACT NO. 8 OF 200	<b>)4</b> )
I, th	e undersigned, Prof; Dr; Mr; N	rs./Ms	,
with	ID number:	HPCNA Customer No a	and
HPO	CNA Registration No	,do hereby declare that:	
1.	I am registered with the Hear	h Professions Council of Namibia as a	
	(state the profess	on and the category)	
2.	I hereby confirm that there is in any country at present.	no criminal or unprofessional conduct proceeding pending against	me
Sole this The she	Deponent has acknowledged to	ne at  20  nat: he / she knows and understand the contents of this affidavit; he rescribed oath; and he / she considers the oath to be binding on his	
		Name	
Offi	cial stamp	Signature  Commissioner of Oaths	