



Health Professions Councils of Namibia

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NURSING COUNCIL

A

Application for noting of a listed qualification or subject or course

(State profession)

Client (Account) No. _____

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

1. Qualification(s) on which application is based OR Proof of subjects attained OR Course completed
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 of N\$200.00 as well as a fee of N\$200.00 to issue a certificate is payable

B

Personal Particulars

Surname		Mr./Ms	
First Names			
Maiden Name		Male	Female
Postal Address			
Telephone		Fax	
Work		email	
Cell			

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 Qualification OR Subjects OR Course completed

University/Training Institution	Country	Qualification	Date completed

I hereby apply to have the above qualification listed against my name in the Register for
(state profession) _____

I _____ (first name(s) and surname) declare that
I lawfully possess the above qualification.

Signature of Applicant

Date