



## Health Professions Councils of Namibia

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### MEDICAL & DENTAL COUNCIL OF NAMIBIA

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

A

### Application for registration as Student in Practical Training

Specify your profession please \_\_\_\_\_

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

1. Proof of citizenship (birth certificate or passport or national identity card or \*certificate of citizenship issued by Ministry of Home Affairs & Immigration (\*only in the case of Non - Namibian citizens)
2. Copy of a letter indicating that you have undergone pre-internship evaluation and was unsuccessful.
3. Proof of payment of a non-refundable application fee of **N\$410.00**.
4. Proof of payment of a registration certificate fee of **N\$210.00**.

(Should you have already submitted any of these documents to the Council, no new documents are needed).

Surname	<input type="text"/>	Title	<input type="text"/>	<input type="text"/>
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>			
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 your 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.*

Citizen of

Proof of status  
*(Passport, ID, Birth Certificate)*

*(Please enter the type and number of the relevant document and attach a copy thereof)*

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**Please take note:**

- Before commencement of the practical training you must enter into a written practical training agreement with the approved training facility at which the practical training will take place. *(a copy of the practical training agreement will be provided by the approved training facility).*
- Before commencement of the practical training, you must submit to the Council a copy of the signed practical training agreement with the approved training facility.
- As soon as you have commenced with the practical training, you must furnish the Council with the name and business address including the telephone and fax numbers, e-mail address, of the approved training facility where you have commenced with practical training.
- On completion of practical training you must submit to the Council a certificate of completion of training issued to you by the approved training facility.

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Signature of Applicant

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Date

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I declare under oath/solemnly affirm that I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

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Signature of Applicant

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Date

Sworn / solemnly affirmed before me at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Official stamp

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Name

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Signature  
*Commissioner of Oaths*