



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 by a registered practitioner for the issuing of a certificate of status

Profession _____

1. Identification document(s),
2. A non-refundable application fee of **N\$460** is payable as well as a fee of **N\$210** for issuing the Certificate of Status,
3. An affidavit to the effect that no criminal proceedings are pending against the applicant is required.

B Personal Particulars

Surname		Prof./Dr.	Mr. / Ms
First Names			
Client (Account) No.		Male	Female
Business Address			
Residential Address			
Postal Address			
Telephone	Home	Fax	
	Work	e-mail	
	Cell	Please print e-mail address clearly	

Please indicate the purpose for which the Certificate of Status is required below (possible relocation, further studies, etc)

Signature of practitioner

Date

Name in block letters
