



Health Professions Councils of Namibia

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NURSING COUNCIL

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

Application for Registration of a Specialty / Sub-specialty / Additional Qualification

_____ (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
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. The following fees are payable:
N\$530.00 for registration of a specialty or sub-specialty as a specialist practitioner as well as N\$200.00 to issue the certificate
N\$400.00 for an additional qualification as well as N\$200.00 to issue the certificate

B

Personal Particulars

Surname	<input type="text"/>	Title	<input type="text" value="Prof./Dr."/> <input type="text" value="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 with 30 days of such change taking place.

Particulars of Specialty / Sub-specialty / Additional Qualification

University/Training Institution	Country	Degree	Date

I hereby apply to have the above a specialty / sub-specialty / 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