

Initials and Date of  
Receipt



## Health Professions Councils of Namibia

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### MEDICAL AND DENTAL COUNCIL

*Please complete this form in full. Only original forms will be accepted. Completed forms must be addressed to the Registrar.*

### APPLICATION FOR APPROVAL OF COURSE OF STUDY PROVIDING EDUCATION, TUITION OR TRAINING LEADING TO A QUALIFICATION (CURRICULUM)

I / We \_\_\_\_\_ hereby apply to the Council for approval to present a  
course of study leading to a qualification

Client (Account) No. \_\_\_\_\_

The course content must accompany the application  
A non-refundable application fee of **N\$10290.00** is payable

#### Particulars of Applicant

Name of Person /  
Educational institution /  
Facility

Postal Address

Contract Numbers

Work / Cell

e-mail address

*Please print e-mail address clearly*

Nature of course of study to be provided (certificate, diploma, degree)

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Name of course

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Minimum duration of course

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Intended date of introduction

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant in block letters

Official stamp of Educational Institution/  
Training Facility