



## Health Professions Councils of Namibia

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**Social Work & Psychology Council: Ms SES Leppen**

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:

Specialty or Sub-specialty:

Clinical, counseling, educational psychologist    N\$3600.00  
 Social worker    N\$560.00

Additional qualification:

All professions    N\$560.00  
 Issuing of certificate    N\$210.00

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 within 30 days of such change taking place.

**Particulars of Specialty / Sub-specialty / Additional Qualification**

<b>University/Training Institution</b>	<b>Country</b>	<b>Degree</b>	<b>Date</b>

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