



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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WINDHOEK - 23 February 2026

No. 8853

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Government Notice

MINISTRY OF HEALTH AND SOCIAL SERVICES

No. 26

2026

REGULATIONS PRESCRIBING APPLICATION FORMS, CERTIFICATES AND LICENCES: HEALTH PROFESSIONS ACT, 2024

In terms of section 91(1)(a) of the Health Professions Act, 2024 (Act No. 16 of 2024), and on the recommendation of the Health Professions Council of Namibia after the Council has consulted with the Professional Boards, I have made the regulations prescribing the application forms to be used, certificates, licences and notices to be issued, under the Act, as set out in the Schedule.

DR. ESPERANCE LUVINDAO
MINISTER OF HEALTH AND SOCIAL SERVICES

Windhoek, 5 February 2026

SCHEDULE

Definitions

1. In these regulations, unless the context otherwise indicates, a word or an expression defined in the Act has that meaning, and “the Act” means the Health Professions Act, 2024 (Act No. 16 of 2024).

Application forms

2. An application referred to in –
- (a) section 27(1) of the Act for the approval of an education must be made on Form 1 set out in the Annexure;
 - (b) section 28(1) of the Act for the approval of an educational institution must be made on Form 2 set out in the Annexure;
 - (c) section 33(1) of the Act by a person to be registered to practise a profession must be made on Form 3 set out in the Annexure;
 - (d) section 37(10) of the Act for temporary registration must be made on Form 4 set out in the Annexure;
 - (e) section 38(3) of the Act for the registration of sub-speciality, speciality, additional qualification or listing of a course or subject must be made on Form 5 set out in the Annexure;
 - (f) section 41(1) of the Act to practise a profession, sub-speciality or speciality in the category: independent practise must be made on Form 6 set out in the Annexure;
 - (g) section 43(2) of the Act for a licence must be made on Form 7 set out in the Annexure;
 - (h) section 44(2) of the Act for renewal of a licence must be made on Form 8 set out in the Annexure;
 - (i) section 48(1) of the Act for a certificate of status must be made on Form 9 set out in the Annexure; and
 - (j) section 50(1) of the Act for the restoration of a name or other entry to be restored to the register must be made on Form 10 set out in the Annexure.

Certificates

3. (1) A certificate issued in terms of –
- (a) section 27(4)(b) of the Act for the –
 - (i) provisional approval of education must be issued on Form 11 set out in the Annexure; and
 - (ii) approval of education must be issued on Form 12 set out in the Annexure;
 - (b) section 28(4)(b) of the Act for the –

- (i) provisional approval of educational institution must be issued on Form 13 set out in the Annexure; and
- (ii) approval of educational institution must be issued on Form 14 set out in the Annexure;
- (c) section 34(9)(a) of the Act for the registration of a person must be issued on Form 15 set out in the Annexure;
- (d) section 35(7) of the Act for conditional registration must be issued on Form 16 set out in the Annexure;
- (e) section 37(13)(a) of the Act for temporary registration must be issued on Form 17 set out in the Annexure;
- (f) section 38(9) of the Act for the –
 - (i) registration of speciality must be issued on Form 18 set out in the Annexure;
 - (ii) registration of sub-speciality must be issued on Form 19 set out in the Annexure;
 - (iii) listing of course or subject must be issued on Form 20 set out in the Annexure; and
 - (iv) registration of additional qualification must be issued on Form 21 set out in the Annexure; and
- (g) section 48(2) of the Act for a certificate of status must be issued on Form 22 set out in the Annexure.
- (2) A certificate of registration for –
 - (a) an intern to undertake internship must be issued on Form 23 set out in the Annexure; and
 - (b) a graduate to undertake practical training under the Act must be issued on Form 24 set out in the Annexure.”

Licences

- 4. A licence issued in terms of section 43 of the Act for a licence to practise in the –
 - (a) category: public service practise must be issued on Form 25 set out in the Annexure; and
 - (b) category: independent practise must be issued on Form 26 set out in the Annexure.

Notice of death

- 5. A notice of death of a registered person referred to in section 49(11) of the Act must be made on Form 27 set out in the Annexure.

**ANNEXURE
FORMS****APPLICATION FORMS**

- Form 1: Application for approval of education (Section 27(1))
- Form 2: Application for approval of educational institution (Section 28(1))
- Form 3: Application for registration to practice a profession (Section 33(1))
- Form 4: Application for temporary registration (Section 37)
- Form 5: Application for registration of sub-speciality, speciality, additional qualification or listing of subject or course (section 38 (3))
- Form 6: Application for license to practise a profession, sub-speciality or speciality in category of independent practise (section 41(1))
- Form 7: Application for licence (Section 43(2))
- Form 8: Application for renewal of licence (section 44 (2))
- Form 9: Application for certificate of status (Section 48(1))
- Form 10: Application for restoration of name and other entries to register (section 50(1))

CERTIFICATES

- Form 11: Certificate of provisional approval of education (section 27(4)(b))
- Form 12: Certificate of approval of education (Section 27(4)(b))
- Form 13: Certificate of provisional approval of educational institution (section 28(4)(b))
- Form 14: Certificate of approval of educational institution (section 28(4)(b))
- Form 15: Certificate of registration (section 34(9)(a))
- Form 16: Certificate of conditional registration (section 35(7))
- Form 17: Certificate of temporary registration (section 37(13)(a))
- Form 18: Certificate of registration of speciality (section 38(9))
- Form 19: Certificate of registration of sub-speciality (section 38(9))
- Form 20: Certificate of listing of course or subject (section 38(9))
- Form 21: Certificate of registration of additional qualification (section 38(9))
- Form 22: Certificate of status (section 48(2))
- Form 23: Certificate of internship registration

Form 24: Certificate of practical training registration

LICENCES

Form 25: Licence to practise: Public Service (section 43)

Form 26: Licence to practise: Independent Practise (section 43)

NOTICE OF DEATH

Form 27: Notification of death (section 49(11))



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR APPROVAL OF EDUCATION
(Section 27(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copies of business registration documents, if applicable.
 - Certified copies of registration with the National Council for Higher Education, if applicable.
 - Certified copies of proof of identity of the Head of the Educational Institution.
 - Authentic and detailed curriculum for the course of study.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Name of institution	
Physical address	
Postal address	
Telephone number	
Cellphone number	
Email address	

PART C: PARTICULARS OF HEAD OF INSTITUTION

Title	
Surname	
First names	
Position/designation	

Telephone number	
Cellphone number	
Email address	

PART D: PARTICULARS OF THE COURSE OF STUDY

Qualification type	Certificate	Diploma	Degree	Other
NQF Level				
Name of course of study				
Minimum duration of the course of study				
Physical address of campus				
Course coordinator (If applicable)	Full name			
	Telephone number			
	Cell phone number			
	Email			

PART E: PARTICULARS OF REPRESENTATIVE

The representative must be a natural person who is a member and/or director of the legal entity that owns the educational institution or must be duly authorised to act on behalf of the entity in completing this form.

Title	
Full name	
Position/designation	
Telephone number	
Cellphone number	
Email address	

Signature of Representative

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR APPROVAL OF EDUCATIONAL INSTITUTION
(Section 28(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copies of business registration documents, if applicable.
 - Certified copies of proof of identity of the Head of Institution and the representative of the institution.
 - Proof of registration with the Namibia Council of Higher Education, if applicable.
 - Memorandum of Understanding between the educational institution and the hospitals or health facilities at which practical/clinical training will be offered.
 - Organogram of the educational institution.
 - Copies of the curricula vitae of the academic staff of the institution.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Name of Institution	
Physical Address	
Postal address	
Telephone number	
Cellphone number	
Email address	

PART C. PARTICULARS OF HEAD OF INSTITUTION

Title	
Full name	
Position/designation	
Telephone number	
Cellphone number	
Email address	

PART D. PARTICULARS OF APPROVED EDUCATION

Name of approved course	Registration number	Date of approval

PART E. PARTICULARS OF SITES OF TRAINING/ PREMISES/CAMPUSES

Number of campuses	
Physical addresses of each campus	

PART F: PARTICULARS OF REPRESENTATIVE

The representative must be a natural person who is a member and/or director of the legal entity that owns the educational institution or must be duly authorised to act on behalf of the entity in completing this form.

Title	
Full name	
Position/designation	
Telephone number	
Cellphone number	
Email address	

I undertake to notify the Council, in writing, if any person being trained fails in his or her training, is withdrawn, or voluntarily withdraws from training or for any other reason does not continue with his or her training.

Signature of Representative

Date

D	D	M	M	Y	Y	Y	Y
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Form 3



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR REGISTRATION TO PRACTISE A PROFESSION
(Section 33(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity document.
 - Certified copies of the qualification(s) on which the application is based.
 - Certified copies of academic transcripts.
 - Certified copies of the certificate of completion of internship/practical training.
 - Certified copies of letters of good standing from each registering authority covering all countries you have worked in over the last five (5) years. The certificate must be issued not more than 120 days before the date of submission of this application.
 - Proof of payment of non-refundable application fee.
3. Applicants trained outside Namibia must submit the following in addition to the above:
 - Certified copy of the certificate of registration in the country where the qualification was obtained or proof that the qualification entitles the applicant to practise the profession concerned in the country or state in which the qualification was obtained.
 - Proof of competency in English if the applicant completed their studies at an institution where English is not the medium of instruction.
 - Certified copy of the proof of qualification evaluation from the Namibia Qualifications Authority.
 - All documents in a language other than English must be translated into English and certified by a sworn translator.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Profession					
Title					
Surname					
First names					
Maiden name					
Sex	female	<input type="checkbox"/>	male	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship					

ID number	
Passport number	
Physical address	
Postal address	
Contact number (home)	
Contact number (work)	
Contact number (mobile)	
Email address	

Please note: In terms of section 46(4) of the Health Professions Act (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART C: PARTICULARS OF QUALIFICATION

Name of Educational Institution	
Country	
Qualification and date obtained	

PART D: PARTICULARS OF PREVIOUS REGISTRATION

Have you previously been registered in any profession with a regulatory authority? If so, please provide details below.

Registering Authority	
Profession of registration	
Registration number	

PART E: PARTICULARS OF INTERNSHIP

Name of training institution	
Physical address of the training institution	
Start date–end date	

PART F: EXPERIENCE AS A REGISTERED PERSON

Use a separate page if the space provided here is inadequate.

Institution	1.
Position	
Physical address	
Start date–end date	
Institution	2.
Position	
Physical address	
Start date–end date	
Institution	3.
Position	
Physical address	

PART G: DECLARATION

I, the undersigned _____

Full name(s) and surname _____

Identity number/passport number: _____ of _____

_____ Residential address

hereby declare under oath/solemnly affirm that:

1. I am the person mentioned in the accompanying qualification(s), namely-

- (a) _____ dated _____
- (b) _____ dated _____
- (c) _____ dated _____
- (d) _____ dated _____

submitted by me in support of my application to be registered in the Republic of Namibia as a

Indicate profession

- 2. The said qualification(s) was/were granted to me after examination and is/are my own lawful property and entitle me, as far as professional qualifications are concerned, to practise my profession in the country.
- 3. The duration of study for the qualification(s) covered a period of _____ academic years.
- 4. The last _____ academic year(s) of study for admission to the examination for the qualification in respect of which I apply for registration were taken at:

Name of educational institution

- 5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.
- 6. I herewith consent that the Health Professions Council of Namibia may request and obtain from the educational institution as indicated in (4) above, any information and/or documents pertaining to my academic qualification as indicated in (1) above, as the Council may determine.
- 7. I further consent to the Council requesting from any institution as listed or identified in this application, any information or documentation for the verification of the authenticity of any documents submitted in support of my application for registration.

Signature of applicant

Solemnly affirmed/Sworn be fore me at:

_____ on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR TEMPORARY REGISTRATION
(Section 37(10) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity document.
 - Certified copies of the qualification(s) on which the application is based.
 - Certified copies of academic transcripts.
 - Certified copy of certificate of completion of internship/practical training.
 - Certified copy of certificate of good standing (Certificate of Status) from each registering authority covering all the countries you have worked in over the last five (5) years. The certificate must be issued not more than 120 days before the date of submission of this application.
 - Certified copy of work permit issued by the Ministry of Home affairs, Immigration, Safety and Security or any other relevant Ministry.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.
3. Applicants trained outside Namibia must submit the following in addition to the above:
 - Certified copy of the certificate of registration in the country where the qualification was obtained, or proof that the qualification entitles the applicant to practise the profession concerned in the country or state in which the qualification was obtained.
 - Certified copy of the proof of qualification evaluation from the Namibia Qualification Authority.
4. All documents in a language other than English must be translated into English and certified by a sworn translator.
5. Proof of competency in English if the applicant completed their studies at an institution where English is not the medium of instruction.
6. Request from the Minister of Health and Social Services, a service provider or training institution for temporary registration.

PART B: PARTICULARS OF APPLICANT

Profession				
Title				
Surname				
First names				
Maiden name				
Sex	FEMALE	<input type="checkbox"/>	MALE	<input type="checkbox"/>
Citizenship				
ID number				
Passport number				
Physical address				
Reasons for the request				
Postal address				
Contact number (home)				
Contact number (work)				
Contact number (mobile)				
Email address				

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART C: PARTICULARS OF PERMANENT RESIDENCE

Physical address	
Country	
Contact details in that country	

PART D: PARTICULARS OF QUALIFICATION

Name of educational institution(s)	
Country(s)	
Qualification(s) obtained; date obtained	

PART E: PARTICULARS OF OTHER REGISTRATION

Have you previously been registered in any profession with a regulatory authority? If so, please provide details below.

Registering authority	
Profession of registration	
Registration number	
Country and Authority contact details	

PART F: PARTICULARS OF INTERNSHIP

Name of training institution	
Physical address of the training institution	
Start date–end date	

PART G: EXPERIENCE AS A REGISTERED PERSON

Use a separate page if the space provided here is inadequate.

Institution	1.
Position	
Physical address	
Start date–end date	

Institution	2.
Position	
Physical address	
Start date–end date	
Institution	3.
Position	
Physical address	

PART H: DECLARATION

I, the undersigned _____

Full name(s) and surname

Identity number/passport number: _____ of

_____ Residential address

hereby declare under oath/solemnly affirm that:

1. I am the person mentioned in the accompanying qualification(s), namely –

- (a) _____ dated _____
- (b) _____ dated _____
- (c) _____ dated _____
- (d) _____ dated _____

submitted by me in support of my application to be registered in the Republic of Namibia as a

_____ Indicate profession

2. The said qualification(s) was/were granted to me after examination and is/are my lawful property and entitle me, as far as professional qualifications are concerned, to practice my profession in the country.
3. The duration of study for the qualification(s) covered a period of _____ academic years.
4. The last _____ academic year(s) of study for admission to the examination for the qualification in respect of which I apply for registration were taken at:

_____ Name of educational institution

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present.

- 6. I herewith consent that the Health Professions Council of Namibia may request and obtain from the educational institution as indicated in paragraph (4) above, any information and/or documents pertaining to my academic qualification as indicated in paragraph (1) above, as the Council may determine.

- 7. I further consent to the Council requesting from any institution as listed or identified in this application, any information or documentation for the verification of the authenticity of any documents submitted in support of my application for registration.

..... Signature of applicant

Solemnly affirmed/ Sworn before me at:

..... on

D	D	M	M	Y	Y	Y	Y
----------	----------	----------	----------	----------	----------	----------	----------

..... Name of Commissioner of Oaths

Official stamp

..... Signature of Commissioner of Oaths



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

**APPLICATION FOR REGISTRATION OF SUB-SPECIALITY, SPECIALITY,
ADDITIONAL QUALIFICATION OR LISTING OF SUBJECT OR COURSE**
(Section 38(3) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity document.
 - Certified copies of the qualifications or certifications on which the application is based.
 - Certified copies of academic transcripts bearing the official seal of the educational institution.
 - (If applicable) Original certificate of good standing from each registering authority covering all the countries you have worked in over the last five (5) years. The certificate must be issued not more than 120 days before the date of submission of this application.
 - Proof of payment of non-refundable application fee.
3. Applicants trained outside Namibia must submit the following in addition to the above:
 - Certified copy of the certificate of registration in the country where the qualification was obtained, or proof that the qualification entitles the applicant to practise the profession concerned in the country or state in which the qualification was obtained.
 - Proof of competency in English if the applicant completed their studies at an institution where English is not the medium of instruction.
 - Certified copy of the proof of qualification evaluation from the Namibia Qualification Authority.
 - Proof of qualification evaluation from the Educational Commission for Foreign Medical Graduates (foreign-trained medical graduates only).
 - All documents in a language other than English must be translated into English and certified by a sworn translator.
 - Any additional documents and information that the Council may require.

PART B: APPLICATION CATEGORY

Mark as appropriate.

	Registration of speciality
	Registration of sub-speciality
	Registration of additional qualification
	Listing of subjects or courses

PART C: PARTICULARS OF APPLICANT

Profession						
Title						
Surname						
First names						
Maiden name						
Sex	female	<input type="checkbox"/>		male	<input type="checkbox"/>	
Citizenship						
ID number						
Passport number						
Physical address						
Postal address						
Contact number (home)						
Contact number (work)						
Contact number (mobile)						
Email address						

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART D: PARTICULARS OF QUALIFICATIONS, COURSES, AND SUBJECTS

Name of educational institution	
Country	
Qualification/course/subject obtained and date obtained	
Name of educational institution	
Country	
Qualification/course/subject obtained and date obtained	
Name of educational institution	
Country	
Qualification/course/subject obtained and date obtained	

PART E: DECLARATION

I, the undersigned _____

Full name(s) and surname

Identity number/passport number: _____ of

Residential address

hereby declare under oath/solemnly affirm that:

1. I am the person mentioned in the accompanying qualifications/certifications, namely –

- | | | | |
|----|-------|-------|-------|
| a. | _____ | dated | _____ |
| b. | _____ | dated | _____ |
| c. | _____ | dated | _____ |
| d. | _____ | dated | _____ |

submitted by me in support of my application to the Health Professions Council of Namibia for

State as per Part B of this form

2. The said qualifications/certifications was/were granted to me after examination and is/are my own lawful property and entitle me, as far as professional qualifications are concerned, to practise my profession in the country.

3. The duration of study for the qualifications/certificates covered a period of _____ academic years.
4. The last _____ academic year(s) of study for admission to the examination for the qualification/certification in respect of which I apply for registration were taken at:

Name of educational institution

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at present.
6. I herewith consent that the Health Professions Council of Namibia may request and obtain from the educational institution as indicated in paragraph (4) above, any information and/or documents pertaining to any academic qualification/certification as indicated in paragraph (1) above, as the Council may determine.
7. I further consent to the Council requesting from any institution as listed or identified in this application, any information or documentation for the verification of the authenticity of any documents submitted in support of my application for registration.

.....
Signature of applicant

Solemnly affirmed/ Sworn before me at:

..... on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

.....
Name of Commissioner of Oaths

Official stamp

.....
Signature of Commissioner of Oaths



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Form 6

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

**APPLICATION FOR LICENSE TO PRACTISE A PROFESSION, SUB-SPECIALITY OR
SPECIALITY IN CATEGORY: INDEPENDENT PRACTISE**
(Section 41(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity document.
 - An official service record of public service, indicating the date of commencement of public service and the completion date, if applicable.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Profession			
Registration number			
Title			
Surname			
First names			
Maiden name			
Sex	female	<input type="checkbox"/>	male
Citizenship			
ID number			
Passport number			
Physical address		
Postal address		
Contact number (home)			
Contact number (work)			
Contact number (mobile)			
Email address			

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART C: EXPERIENCE AS A REGISTERED PERSON UNDER CATEGORY: PUBLIC SERVICE

Use a separate page if the space provided here is inadequate.

Employer	1.
Position	
Physical address	
Start date–end date	
Employer	2.
Position	
Physical address	
Start date–end date	
Employer	3.
Position	
Physical address	

PART D: DECLARATION

I, the undersigned _____
 Full name(s) and surname
 Identity number/passport number: _____
 hereby declare under oath/solemnly affirm that the information provided above is true, correct, and complete.

Signature of applicant _____

Solemnly affirmed/ Sworn before me at:

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths

Form 7



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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR LICENCE
(Section 43(2) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be addressed to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity documents.
 - Proof of current employment.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B: PARTICULARS OF APPLICANT

Profession				
Registration number				
Title				
Surname				
First names				
Maiden name				
Sex	female	<input type="checkbox"/>	male	<input type="checkbox"/>
Citizenship				
ID number				
Passport number				
Physical address	_____ _____ _____			
Postal address	_____ _____ _____			
Contact number (home)				
Contact number (work)				
Contact number (mobile)				
Email address				

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART C: EXPERIENCE AS A REGISTERED PERSON UNDER CATEGORY: PUBLIC SERVICE

This part is applicable to applications under Category: Independent Practise. Use a separate page if the space provided here is inadequate.

Employer	
Position	
Physical address	
Start date–end date	
Employer	
Position	
Physical address	
Start date–end date	
Employer	
Position	
Start date–end date	

PART D: DECLARATION

I, the undersigned _____
Full name(s) and surname

Identity number/passport number: _____
hereby declare under oath/solemnly affirm that the information provided above is true, correct, and complete.

Signature of applicant

Solemnly affirmed/ Sworn before me at:

_____ on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths

Form 8



Private Bag 13387
Windhoek
Namibia

36/37 Schonlein Street
Windhoek West
Windhoek

Tel: +264 (0)61 245 586
Tel: +264 (0)61 245 586
URL: www.hpcna.com

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR RENEWAL OF LICENCE
(Section 44 (2) of the Act)

1. **PART A: INSTRUCTIONS**

2. Please complete this form in full. The completed form must be submitted to the Registrar.

- The completed application form must be accompanied by the following:
- Certified copy of identity document.
- Certified copy of license.
- Proof of current employment.
- Proof of payment of non-refundable application fee.

Any additional documents and information that the Council may require.

PART B: APPLICATION CATEGORY

Mark as appropriate.

Public service

Independent practice

PART C: PARTICULARS OF APPLICANT

Profession	
Registration number	
License expiry date	
Title	
Surname	
First names	
Maiden name	
Sex	female <input type="checkbox"/> male <input type="checkbox"/>
Citizenship	
ID number	
Physical address	

Postal address	
Contact number (home)	
Contact number (work)	
Contact number (mobile)	
Email address	

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART D: QUALIFICATION FOR REGISTRATION AS A REGISTERED PERSON

Educational Institution	
Country	
Qualification and Duration	
Date obtained	

Use a separate page if the space provided here is inadequate.

PART E: EXPERIENCE AS LICENSED PERSON

(Use a separate page if space is inadequate.)

Hospital/ Health facility	Position	Town / City	Country	Dates

PRESENT POSITION

Hospital/ Health facility	Position	Town / City	Country	Dates

PART F: DECLARATION

I, the undersigned _____

Full name(s) and surname

Identity number/passport number: _____

hereby declare under oath/solemnly affirm that the information provided above is true, correct, and complete.

Signature of applicant

Solemnly affirmed/ Sworn before me
at:

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Commissioner of Oaths

Official stamp

Signature of Commissioner of Oaths



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Namibia

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Form 9

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

APPLICATION FOR CERTIFICATE OF STATUS
(Section 48(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of proof of identity.
 - Proof of payment of non-refundable application fee.
 - Any additional documents and information that the Council may require.

PART B. PARTICULARS OF APPLICANT

Profession			
Registration number			
Title			
Surname			
First names			
Maiden name			
Sex	female	<input type="checkbox"/>	male <input type="checkbox"/>
Citizenship			
ID number			
Passport number			
Physical address			
Postal address			
Contact number (home)			

Contact number (work)	
Contact number (mobile)	
Email address	

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

Please indicate the purpose for which the Certificate of Status is required:
.....
.....
.....
.....
.....
.....

PART C: DECLARATION

I, the undersigned _____
Full name(s) and surname

Identity number/passport number: _____

hereby declare under oath/solemnly affirm that to the best of my knowledge, no proceedings involving or likely to involve a charge or offense under any law or unprofessional conduct in any country are pending against me at present.

.....
Signature of applicant

Solemnly affirmed/ Sworn before me at:

..... on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

.....
Name of Commissioner of Oaths

.....
Official stamp

.....
Signature of Commissioner of Oaths



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Form 10

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act No. 16 of 2024)

**APPLICATION FOR RESTORATION OF NAME AND OTHER
ENTRIES TO REGISTER**
(Section 50(1) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. The completed form must be submitted to the Registrar.
2. The completed application form must be accompanied by the following:
 - Certified copy of identity document
 - Certified copy of the registration certificate issued to the applicant upon registration.
 - Proof of payment of non-refundable application fee.
 - Proof of compliance with CPD requirements, where applicable.
 - Proof of payment of outstanding fees, if applicable.
 - Any additional documents and information that the Council may require.

If twelve (12) months have elapsed since the removal of the name from the register, then the applicant must apply for registration and not restoration.

PART B: PARTICULARS OF APPLICANT

Profession			
Registration number			
Title			
Surname			
First names			
Maiden name			
Sex	female	<input type="checkbox"/>	male
Citizenship			
ID number			
Passport number			
Physical address		

Postal address	
Contact number (home)	
Contact number (work)	
Contact number (mobile)	
Email address	

Please note: In terms of section 46(4) of the Health Professions Act, 2024 (Act No. 16 of 2024), a registered person who changes his or her particulars must notify the Registrar in writing of his or her new particulars within 30 days after that change.

PART C: EMPLOYMENT HISTORY SINCE REMOVAL OF NAME FROM THE REGISTER

Please state work engagements and positions held since the removal of your name from the register.

Employer	1.
Position	
Physical address	
Start date–end date	
Employer	2.
Position	
Physical address	
Start date–end date	
Employer	3.
Position	
Physical address	
Start date–end date	

PART D: DECLARATION

I, the undersigned _____
Full name(s) and surname

Identity number/passport number: _____
hereby declare under oath/solemnly affirm that:

1. I am desirous that my name be restored to the Register for _____
State profession
2. I am the person mentioned in the accompanying certificate of registration issued to me by the Council dated _____
3. My name was removed from the register for the following reason (Mark as appropriate):

	I requested in writing that my name be removed from the register.
	I failed to pay the Council on or before 31 March of the year concerned the annual fees determined by the Council and payable by me.
	I failed to comply with continuous professional development requirements.

4. I further state that (Mark as appropriate):

		I have paid the outstanding annual fees.
		I have complied with all the conditions/ requirements pertaining to Continuous Professional Development.

5. I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Signature of applicant

Solemnly affirmed/ Sworn before me at:

..... on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

.....
Name of Commissioner of Oaths

Official stamp

.....
Signature of Commissioner of Oaths

Form 11



Registration number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF PROVISIONAL APPROVAL OF EDUCATION
(Section 27(4)(b) of the Act)

THIS IS TO CERTIFY THAT

EDUCATIONAL INSTITUTION NAME:

EDUCATIONAL PROGRAMME:

Is approved in terms of section 27(4)(b) of the Act to be offered by:

for a period of calculated from

(detail.start Date)

REGISTRAR

WINDHOEK

SEAL



Registration number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF APPROVAL OF EDUCATION
(Section 27(4)(b) of the Act)

THIS IS TO CERTIFY THAT

EDUCATIONAL INSTITUTION NAME:

EDUCATIONAL PROGRAMME:

Is approved in terms of section 27(4)(b) of the Act to be offered by:

for a period of calculated from

(detail.start Date)

REGISTRAR

WINDHOEK

SEAL

Form 13



Registration number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA

(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF PROVISIONAL APPROVAL OF EDUCATIONAL INSTITUTION

(Section 28(4)(b) of the Act)

THIS IS TO CERTIFY THAT

EDUCATIONAL INSTITUTION NAME:

REGISTRATION NO:

Is provisionally approved in terms of section 28(4)(b) of the Act

as an Educational Institution for

(registration details)

for a period of (detail.years) year(s) calculated from

(detail.start Date)

REGISTRAR**WINDHOEK****SEAL**



Registration number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF APPROVAL OF EDUCATIONAL INSTITUTION
(Section 28(4)(b) of the Act)

THIS IS TO CERTIFY THAT

EDUCATIONAL INSTITUTION NAME:

REGISTRATION NO:

Is approved in terms of section 28(4)(b) of the Act

as an Educational Institution

for a period of (detail.years) year(s) calculated from
(detail.start Date)

REGISTRAR

WINDHOEK

SEAL



Registration number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF REGISTRATION
(Section 34(9)(a) of the Act)

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S):
REGISTRATION NUMBER:
REGISTER:
QUALIFICATION(S):

IS REGISTERED AS A
(registration)
(speciality)

with effect from
(date)

REGISTRAR

WINDHOEK

SEAL



Form 16

Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF CONDITIONAL REGISTRATION
(Section 35(7) of the Act)

THIS IS TO CERTIFY THAT

SURNAME :
FIRST NAME(S) :
REGISTRATION NUMBER:
REGISTER:
QUALIFICATION(S):
IS CONDITIONALLY REGISTERED AS:

FOR A PERIOD OF (...) YEAR(S) AS A

With effect from
(date)

Subject to the conditions on reverse of this document

REGISTRAR

WINDHOEK

SEAL

Form 17



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF TEMPORARY REGISTRATION
(Section 37(13)(a) of the Act)

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S) :
REGISTRATION NUMBER :
REGISTER:
QUALIFICATION(S):
IS TEMPORARILY REGISTERED AS:

FOR A PERIOD
From (start date) to {end date}

(The restrictions and conditions are indicated on the reverse side of this document)

REGISTRAR

WINDHOEK

SEAL

Form 18



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF REGISTRATION OF SPECIALITY
(Section 38(9) of the Act)

THIS IS TO CERTIFY THAT
the qualification

as a speciality has been entered against the name of
(name and surname)
In the register for

with effect from

REGISTRAR

WINDHOEK

SEAL

Form 19



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF REGISTRATION OF SUB-SPECIALITY
(Section 38(9) of the Act)

THIS IS TO CERTIFY THAT

the qualification

as a sub-speciality has been entered against the name of
(Name and Surname)

In the register for

with effect from

REGISTRAR

WINDHOEK

SEAL

Form 20



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF LISTING OF COURSE OR SUBJECT
(Section 38(9) of the Act)

THIS IS TO CERTIFY THAT
the course or subject of:

has been entered against the name of
(name and surname)
In the register for

with effect from

REGISTRAR

WINDHOEK

SEAL

Form 21



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF REGISTRATION OF ADDITIONAL QUALIFICATION
(Section 38(9) of the Act)

THIS IS TO CERTIFY THAT
the qualification

has been entered against the name of
(Name and Surname)

In the register of

with effect from

REGISTRAR

WINDHOEK

SEAL

Form 22



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF STATUS
(Section 48(2) of the Act)

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S):
REGISTRATION NUMBER :
REGISTER:
QUALIFICATION(S):

(particulars of status)

REGISTRAR

WINDHOEK

SEAL

Form 23



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF INTERNSHIP REGISTRATION

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S):
REGISTRATION NUMBER:
REGISTER:
QUALIFICATION(S):

IS REGISTERED AS
(registration)
(Date)
at

(training facility)

REGISTRAR

WINDHOEK

SEAL

Form 24



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

CERTIFICATE OF PRACTICAL TRAINING REGISTRATION

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S):
REGISTRATION NUMBER:
REGISTER:
QUALIFICATION(S):

IS REGISTERED AS
(detail registration)
(Date)

at
(training facility)
REGISTRAR

WINDHOEK

SEAL

Form 25



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

LICENCE TO PRACTISE (PUBLIC SERVICE)
(Section 43 of the Act)

THIS IS TO CERTIFY THAT

SURNAME :
FIRST NAME(S):
REGISTRATION NUMBER :
LICENCE NO:
(REGISTER):
QUALIFICATION(S):

IS LICENCED TO PRACTICE AS A

(registration)
(speciality)

In the category

(PUBLIC SERVICE)

(START DATE TO END DATE)

REGISTRAR

WINDHOEK

SEAL



Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

LICENCE TO PRACTISE (INDEPENDENT PRACTISE)
(Section 43 of the Act)

THIS IS TO CERTIFY THAT

SURNAME:
FIRST NAME(S):
REGISTRATION NUMBER:
LICENCE NO:
REGISTER:
QUALIFICATION(S):

IS LICENSED TO PRACTISE AS A

(registration)
(speciality)

In the category

INDEPENDENT PRACTISE
(Period)

REGISTRAR

WINDHOEK

SEAL

Form 27



Private Bag 13387
Windhoek
Namibia

36/37 Schonlein Street
Windhoek West
Windhoek

Tel: +264 (0)61 245 586
Tel: +264 (0)61 245 586
URL: www.hpcna.com

Registration Number:

HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act, 2024 (Act No. 16 of 2024))

NOTIFICATION OF DEATH
(Section 49(11) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. Completed form must be addressed to the Registrar.
2. The completed notification form must be accompanied by the following:
 - Certified copy of the death certificate of the deceased registered person.

PART B: PARTICULARS OF THE DECEASED REGISTERED PERSON

Title					
Surname					
First names					
Sex	female	<input type="checkbox"/>		male	<input type="checkbox"/>
Citizenship					
ID number					
Profession					

Signature of Registrar of Births and Deaths

Date:

Official stamp
