



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

P.O. Box 32554, Lusaka. Fax 260 1 239317, Tel 260 1 236241

E-mail: info@ hpcz.org.zm

CERTIFICATE OF STATUS

SERIAL NUMBER:

DATE

I hereby certify that the following is an extract of the entry in the Register relating to the person named below:

Practitioner's Name:

Type of Registration:

Registration N o:

Gender:

Registered Qualification:

Profession:

D ate of Registration:

Practitioner's Address:

Period active on the Register:

I further certify that no disciplinary proceedings under the Health Professions Act No. 24 of 2009 of the Laws of Zambia are in progress against the above named person and that he/she has never been the subject of any disciplinary action by the Health Professions Council of Zambia

Registrar

Health Professions Council of Zambia

NB: THIS CERTIFICATE IS VALID FOR 6 MONTHS
ONLY FROM THE DATE OF ISSUE

Issue Date:

