



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

SPECIALIST ANNUAL PRACTICING CERTIFICATE

I HEREBY CERTIFY that the specialist named below has complied with the provisions of the Health Professions Act No. 24 of 2009 and with the regulations of the Council respecting annual retention fees and is accordingly entitled to the continuation of his or her registration in the SPECIALIST REGISTER

PRACTITIONER'S NAME:

SPECIALIST QUALIFICATION::

SPECIALIST REGISTRATION NUMBER::

ANNUAL RETENTION FEE PAID:

This Certificate is valid up to:

Issue Date:




REGISTRAR