



HEALTH PROFESSIONS COUNCIL OF ZAMBIA

SUPERNUMERARY ANNUAL PRACTICING CERTIFICATE

I HEREBY CERTIFY that the REGISTRAR 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 SUPERNUMERARY REGISTER

PRACTITIONER'S NAME:

SUPERNUMERARY REGISTRATION NO.:

TRAINING PROGRAMME:

TRAINING INSTITUTION:

This Certificate is valid to:

Issue Date:




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REGISTRAR