

BOTSWANA HEALTH PROFESSIONS COUNCIL

**Plot no 725, Main Mall, 1st Floor Room 16- 23,
Next to CENTRAL POLICE STATION -
3190749**

Application form

For health professionals WISHING to be entered into one of the health professions registers.

This information will be used to register you, update the registers and any other purpose that the council may deem appropriate. It may be disclosed to the agents of the Botswana Health Professions Council.

You must complete all the sections of this form and attach all the appropriate documents and fees before sending the forms to BHPC offices.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

The list of enclosures:

- 1. Certified copy of passport details (non citizens) or Omang (citizens)**
- 2. Four passport size photographs [there has to be an endorsement for true likeness]**
- 3. Certified evidence of change of name or surname [if applicable].**
- 4. Certified copy of certificate of qualifications**
- 5. Certified copy of evidence of internship(for graduates who are registering for the first time) or transcript**
- 6. Current curriculum vitae**
- 7. Application letter**
- 8. Application fee (P30) you pay after examination**
- 9. Certified copy of Current Practicing License and Registration Certificate.**
- 10. Original of certificate of good standing from previous registration body (not more than 6 months old)**
- 11. Two recent professional references (Originals in headed paper or letter head not more than 6 months.).**
- 12. All applicants from non English Speaking Countries must show proof of proficiency in English (having passed IELTS test, attained an overall score of 7 or greater)**

Notes:

- a. You will be called to a written test and an interview after you submit your application letter and all the relevant details.
- b. All documents must be in English

Every document must be certified by Commissioner of Oath

Section 1

Health Profession for which
Registration is applied

Identification details

Name of the Applicant.....
(First Name) (Surname)

Gender Male Female

Date of Birth (day/ Month/ year).....

Address.....

Email..... Mobile

Telephone Fax

Immigration status
 Citizen Resident Work Visa Visitor Visa

Omang Number (for citizens only)

Passport Number Issued by.....
 Date of Expiry.....

Verification of Identity – witness to sign below [also sign photographs]
 I
(Witness's name in full)
 certify that the attached four recent photographs are true likeness of

(Applicant)
 Signed.....
(Witness)

Enclosures of Section 1:

1. *Certified copy of passport details (non citizens) or Omang (Citizens)*
2. *Four passport size photographs [there has to be endorsement for true likeness]*
3. *Certified evidence of change of Name or surname [if applicable]*
4. *Certified copy of residence permit, or work permit. OR WAIVER IF APPLICABLE*

Section 2

Qualification Details

Primary Qualification

Title of the qualification..... University

Date Conferred Country

Postgraduate qualifications

Titles of the qualifications 1..... University

2..... University.....

3.....University.....

Date Conferred 1..... Country

2 Country.....

3..... Country.....

Occupation/Specialty.....

This subsection is to be completed by both non citizen applicants, and citizen applicants who have already practiced in other countries.

Country of previous registration

Statutory body of last registration.....

Address of the statutory body of last registration.....

.....

Phone..... Fax

Do you have any conditions on your registration? [Please cross]

No Yes (if yes please provide the details on a separate page)

Have you ever been removed or suspended from a health professions register?

No Yes (if yes please provide the details on a separate page)

Enclosures:

1. **Original** certificate of good standing from the statutory body of last registration.

- 2. Certified copy of certificate of registration from statutory body in the country where you are now practicing
- 3. Recommendation from two colleagues [one of them being your immediate supervisor]
- 4. Current curriculum vitae.

Section 3

Employment Details

Have you been appointed to a position in Botswana? Yes ____ No ____

If “Yes”, what is the position?

Name of Employer/Institution

Tick appropriate employer from list provided:

1. Botswana Central Government

Headquarters

Referral Hospital.....

District Hospital.....

Primary Hospital.....

2. Local Government

District health team.....

Local Clinic.....

3. **Mine Hospital**.....

4. **Private Hospital**.....

5. **Private Clinic/Practice**.....

6. **Private Pharmacy**.....

7. **Other.....please specify**

Address of the Employer / Institution.

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.....

.....

Place/Location of Deployment:.....

Phone of the employer fax

Email.....

I,
 (First Name) (Surname) (Title)
 hereby representing
 (the employer’s name)
 do certify that

(the applicant's name)

has been offered a position.

Signed..... Date

Section 4

Declaration of Oath

I, the undersigned
(Title) (First Name) (Surname)
of
(full physical address)

hereby make oath and declare that I am the person mentioned in the accompanying documents submitted by me in support of my application to be registered as a health professional in Botswana. I have never been debarred from practice in any country by reason of misdemeanor or professional misconduct.

.....
(signature) (Date)

Sworn before me this.....day of, 20.....

.....
(Sign)