

Botswana Health Professions Council

Application for Certificate of Good Standing

For health professionals WISHING to have a certificate of good standing.

Notes:

1. You must complete all the sections of this form and attach all the appropriate documents and fees before sending the forms to BHPC offices. **P250**
2. Certificate of Good Standing **CANNOT BE ISSUED LESS THAN 6 MONTHS AFTER INITIAL REGISTRATION**
3. **CERTIFICATE VALIDITY : 6 months from date of issue**
4. Certificate will be sent to the Regulatory Authority Whose Particulars are indicated in the application form

INCOMPLETE FORMS WILL NOT BE PROCESSED.

The list of enclosures:

1. **Proof of transfer of patients (For Private Practice license holders that are temporarily or permanently relocating).**
2. **Reference from Employer**

Section 1

BHPC Registration Number

Identification details

Name of the Applicant.....

(First Name)

(Surname)

Address.....
.....
.....

Email..... Mobile

Telephone Fax

Section 2

Reasons for Application

Please tick Appropriately

Renewal or Registration

Permanent Relocation

Temporary Relocation - Further Studies

Temporary Relocation –

Other Reasons: e.g LOCUM WORK
State The Reasons below:

The Details of Regulatory Authority To Which You Wish the Certificate to be sent.

Name: _____

Physical Address: _____

Section 3

Declaration of Oath

I, the undersigned
(Title) (First Name) (Surname)

of
(full physical address)

hereby make oath and declare that I that the information as filled in this form is true.

.....
(signature) (Date)

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

.....
(Signature)

Official Use Only [For Approval Notes by the Council]