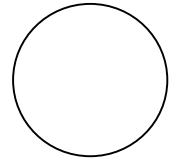




Botswana Health Professions Council Renewal Form

Your BHPC Reg. Number _____ Reg. Category _____
(Profession)



Year of Renewal

Name _____
(Title) (First Name) (Surname)

Current Correspondence Address: _____
(P.O. Box, Private Bag) (Number)

(Town, Village)

(Country, where applicable)
Email _____ Mobile _____ Telephone _____ Fax _____

Physical Address: _____

Current Employment Details

Employer Name: _____
(e.g. Ministry of health, Private Hospital, Mission Hospital, Private practice, Partnerships)

Name of the facility or Department: _____
(e.g. Princess Marina, Bokamoso, Bamalete, Kalafong)

Location of the Facility: _____
(e.g. Gaborone, Mmopane, Ramotswa, Francistown)

Your Designation (Post) _____
(e.g. Senior Medical officer)

Official Use Only

Receipt Number _____

Date of Payment _____



Date stamp for receipt of the renewal form

Blue card Collection Details

Collected by: _____

Signature: _____ Date: _____

NOTES:

Renewal period is from 1st April to 30th June of any given financial year. Validity of your registration Certificate is subject to you being up to date in your renewal fees. The Council may remove your name from its register if you fail to pay any fee provided for in the BHP Act within a period of six months from the date when it was due.

If you have acquired an additional qualification or have changed your surname in the past twelve months please contact the office to collect and complete the relevant form.