



Republic of Botswana

MINISTRY OF HEALTH & WELLNESS

PRIVATE PRACTICE RENEWAL FORM

1. PRACTICE IDENTIFICATION DETAILS

Name of the Private Practice _____

Physical Address _____ Location _____

Correspondence Address _____ (Town/Village) _____

Phone Number _____ Fax Number _____

Email address _____ Renewal year _____ to _____

2. LICENCE HOLDER DETAILS

B.H.P.C Registration Number _____ Private Practice Number _____

Name of the Licence Holder _____
(First Name) (Surname)

2. EMPLOYEE'S DETAILS

Registrable Health workers

	Name	BHPC/NMC Number	Position	Start Date
1				
2				
3				
4				

Total number of staff: including support staff e.g. accounts, receptionists, cleaning etc

Total number of citizen staff

Total number of expatriate staff

If the practice has more than four registrable employees please use the same format and attach the information to this form

I consent that my practise details including my names and contacts can be shared with any Ministry of Health and Wellness stakeholders such as professional associations or any stakeholder of Public Health relevance.

Signature _____ Date _____

Official Use.

Licence Collected by _____
(Full name)

Date stamp for receipt date

ENCLOSURES:

1. Copy of current license

2. Copy of valid BHPC identity card (Blue Card)

Completed forms are to be delivered to Ministry of Health Headquarters Building Government Enclave, Office 10A3. For further information call 3632505.