



**HEALTH PROFESSIONS AUTHORITY
ZIMBABWE**

7 Ross Avenue, Belgravia, Harare
TELEPHONE : 754930/1,
CELL : 0783137242

Box A410, Avondale, Harare
FAX: 756731
E-MAIL: inspectorate@hpa.co.zw

Health Professions Act
Chapter 27:19
REGISTRATION OF HEALTH INSTITUTIONS
SECTION 97 OF THE ACT

**APPLICATION FOR THE RENEWAL OF REGISTRATION
OF A HEALTH INSTITUTION**

RENEWAL FEE FOR PERIOD JAN 2018 TO 31 DEC 2018 \$.....

CURRENT REG. NO

**THE FEES PAYABLE ARE OBTAINABLE FROM THE INSPECTORATE DEPARTMENT OF THE
HEALTH PROFESSIONS AUTHORITY**

1. FULL NAME OF HEALTH INSTITUTION
-
2. NATURE OF INSTITUTION
3. PHYSICAL ADDRESS
-
4. POSTAL ADDRESS
5. TELEPHONE NUMBER(S)
- CELL NUMBER(S)
- FAX.....
- E- Mail.....
6. SERVICES PROVIDED AT THE INSTITUTION
-
7. **OVERAL PRACTITIONER IN CHARGE.....**
- PROFESSIONAL QUALIFICATIONREGISTRATION No.....

8. UNITS OR DEPARTMENTS AT THE INSTITUTION (Please list them all):

	UNIT/DEPARTMENT	PRACTITIONER IN CHARGE	PROFESSION	REGISTRATION NO
a				
b				
c				
d				
e				
f				
g				
h				

*NB- Please attach the practitioner in charge of each unit's valid practising certificate.

*NB-please notify the Authority whenever the Practitioner in charge of a unit changes.

*NB-please ensure you put your EMAIL and CELL PHONE number

9. BED CAPACITY (where applicable)

10. DETAILS OF OWNER OF PREMISES:

FULL NAMES

ADDRESS

.....
I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEVE THAT THE FOREGOING PARTICULARS ARE TRUE AND REQUEST RENEWAL OF REGISTRATION OF THE AFOREMENTIONED PREMISES.

DATEFULL NAMES

DESIGNATION

SIGNATURE.....

BANK DETAILS:

BANK - **BARCLAYS**
BRANCH - **NGO CENTRE**
CODE - **2157**
ACCOUNT - **6306148**
SWIFT CODE - **BARCZWHX**

PLEASE NOTE THAT ALL PAYMENTS ARE NOW STRICTLY MADE THROUGH THE BANK AND PLEASE ENTER THE NAME OF THE INSTITUTION AND PRACTITIONER.

FOR OFFICE USE ONLY

APPLICATION APPROVED/DEFERRED:..... DATE.....

RECEIPT NO: AMOUNT PAID:..... DATE: