



**HEALTH PROFESSIONS AUTHORITY  
ZIMBABWE**

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

**REGISTRATION OF A HEALTH INSTITUTION**  
(To be Completed in Block Letters)

**1. DETAILS OF INSTITUTION:**

NAME OF INSTITUTION .....

PHYSICAL ADDRESS .....

POSTAL ADDRESS .....

TELE/CELL NUMBER .....

EMAIL .....

COMMENCEMENT DATE OF OPERATIONS .....

**2. SERVICES OFFERED/TO BE OFFERED AT THE INSTITUTION**

.....

**3. OVERALL PRACTITIONER IN CHARGE.....**

PROFESSIONAL QUALIFICATION .....

REGISTRATION NUMBER .....

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

	<b>UNIT/DEPARTMENT</b>	<b>HEAD OF DEPARTMENT</b>	<b>PROFESSION</b>	<b>REGISTRATION NO</b>
a				
b				
c				
d				
e				
f				
g				
h				
i				

\*NB- Please attach the valid practising certificate for each Head of Department/Unit.  
\*NB- Please notify the Authority whenever the Head of Department/Unit changes.

5. NATURE OF INSTITUTION:

{ } MEDICAL { } DENTAL
{ } PHARMACEUTICAL { } OPTICAL
{ } OTHER (STATE) .....

6. TYPE OF INSTITUTION:

{ } HOSPITAL { } PHARMACY { } LABORATORY
{ } CLINIC { } NURSING HOMES { } CONSULTING ROOMS/SURG.
{ } PHARMACEUTICAL

7. DESIGNATION OF INSTITUTION

{ } GOVERNMENT { } MISSION { } PRIVATE
{ } LOCAL AUTHORITY { } MINES { } RURAL DISTRICT COUNCIL

8. PROVINCE LOCATED:

{ } BULAWAYO { } HARARE { } MANICALAND
{ } MASHONALAND CENTRAL { } MASHONALAND EAST { } MASHONALAND WEST
{ } MASVINGO { } MATABELELAND NORTH { } MATABELELAND SOUTH
{ } MIDLANDS

9. DETAILS OF OWNER OF PREMISES

FULL NAMES .....

ADDRESS .....

TELE/CELL NUMBER .....

THIS FORM SHOULD BE ACCOMPANIED BY A REGISTRATION FEE OF .....

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT

DATE ..... SIGNATURE .....

**BANK DETAILS:**

BANK - BARCLAYS
BRANCH - FCAD CENTRE
CODE - 2157
ACCOUNT - 6306148
SWIFT CODE - BARCZWHX

**FOR OFFICE USE ONLY**

RECEIVED (Amount) \$ ..... RECEIPT NO. .... DATE .....

APPROVED { } YES { } NO

IF YES: DATE OF REGISTRATION ..... REG. NO.....

CONDITIONS .....

DATE ..... SIGNATURE .....