



**HEALTH PROFESSIONS AUTHORITY
ZIMBABWE**

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

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

**APPLICATION FOR YEAR 2021 RENEWAL OF REGISTRATION
OF A HEALTH INSTITUTION
(IF DETAILS REMAIN THE SAME AS PER PREVIOUS YEAR, PLEASE
COMPLETE SECTION 1 & 8 ONLY)**

HPA REG. NO

- 1. FULL NAME OF HEALTH INSTITUTION
-
- 2. NATURE OF INSTITUTION
- 3. PHYSICAL ADDRESS
-
- 4. TELEPHONE NUMBER(S)
- CELL NUMBER(S)
- E- Mail.....
- 5. OVERAL PRACTITIONER IN CHARGE.....
- 6. UNITS OR DEPARTMENTS AT THE INSTITUTION (Please list them all):
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- 7. BED CAPACITY (where applicable)
- 8. 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

DESIGNATIONSIGNATURE.....