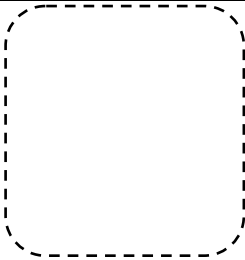




BADDA CAS AREA - HARGEISA, SOMALILAND
 Tel: +252-2-571283 / Email: info@nhpcsomaliland.org / Website: nhpcsomaliland.org



THE REPUBLIC OF SOMALILAND
REGISTRATION AND LICENSURE OF PROFESSIONALS

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

Please PRINT and Return the Original Form to NHPC Office

FOR OFFICE
USE ONLY

A. PARTICULARS OF THE APPLICANT

Title:

First Name:

Middle Name:

Last Name:

Mother's Full Name:

Gender: Male Female

Place of birth:

Date of birth (DD/MM/YYYY):

Marital Status: Single Married Divorced Widowed

Nationality:

a. Passport No:

b. National ID No:

Residential address:

Local Address:

Telephone number:

Mobile number:

Email:

Received on: _____

Amount SL.SH: _____

Receipt No: _____

Reg. No: _____

Reg. Date: _____

Assessed by: _____

Date: _____

Signature: _____

Verified By: _____

Date: _____

Signature: _____

C. TRAINING & EDUCATION

C.1. University or Training Institution

Institution/University	Country	Duration of Training	Award	Year of Award

C.2. Internship

Country	Hospital	Rotated Departments	Duration

- Attach Evidence of Internship
- (Attach Certified/Notarized Copies of Certificates, Transcripts and Log Books)

D. EMPLOYMENT RECORD

Name of the Employer	Duration From/To	Nature of Practice

- Evidence of Certificate of Good Standing Form Previous Council/Commission

E. Specialization Requirements

University or Training Institution

Institution/University	Country	Duration of Training	Award / Experience	Year of Award

- (Attach Certified/Notarized Copies of Certificates, Transcripts and Log Books)

F. DECLARATION

I, _____ the undersigned person do hereby certify that under the Health Regulation Act 19/2001 of the Law of Somaliland, the responses given by me to all of the above questions are true and correct, and aware that any false information given will constitute the suspension of my registration and licensure. In addition, NHPC has the right to alert concern authorities in case of criminal misconduct .

Date (DD/MM/YYYY): Signature:

