

**Confidential**

**MEDICAL COUNCIL OF ZAMBIA**

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**APPLICATION FOR CERTIFICATE OF GOOD STANDING**

**PART A**

(To be complete by applicant)

1. Surname: -----
2. Other names: -----
3. Profession: -----
4. Date of registration: -----
5. Registration number: -----
6. Postal address: -----  
-----
7. Residential address: -----  
-----

*I declare that I have been fully registered by the Medical Council of Zambia for a period of over one year, and that there is no legal or disciplinary action in progress or pending against me.*

Date: ----- Signature: -----

**PART B**

(To be complete by the head of the Health Institution where the Applicant is based.)

Surname: -----

Other names: -----

Profession: -----

I declare that I have known the applicant for a period of ----- year(s) and I recommend him/her /do not recommend him/her for a certificate of good standing.

Date: ----- Signature: -----

**Notes:** *Practitioners with cases in progress or pending with the Disciplinary Committee of the Medical Council of Zambia are not entitled to receive a Certificate of Good Standing.*

*Practitioners in annual fees arrears or with bad annual fees payment records will not be issued with certificate of good standing.*

*Practitioners with less than twelve months period on full registers are not eligible for a Certificate of Good Standing*

*Practitioners needing Certificate of Good Standing for the purposes of gaining admission to training institution or registration with other registration bodies should furnish necessary supporting documents in completion wherewith, or names of persons in-charge and addresses of such Universities, Training Institutions or Registration bodies in lieu thereof.*

*A non-refundable fee of K----- must accompany this application.*