

Affix Passport

**MEDICAL COUNCIL OF ZAMBIA**

Form MCZ/7

**P O BOX 32554**

**LUSAKA**

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**APPLICATION FOR SPECIALIST REGISTRATION**

(Under the Medical and Allied Professions Act,Cap.297 of the Laws of Zambia)

**PART I**

**(To be completed by applicant)**

1. Surname of applicant: Dr/Mr/Mrs/Miss:.....
2. Other names:.....
3. Date of Birth:.....Sex.....
4. Nationality: .....Citizenship: .....
5. NRC or Passport No.:.....
6. Tel Number..... E mail address.....
7. Residential Address:.....
8. Postal Address: .....
9. Address of employer or prospective employer: .....
- .....
10. Specialist qualification of applicant: .....

I hereby apply for specialist registration with the Medical Council of Zambia.

.....

Date

.....

Signature of applicant

NB: The fee for Specialist Registration is K.....plus K.....annual fee

**PART II**

**STATUTORY DECLARATION**

I.....do solemnly declare as follows: -

1. That I attended regular training and attained the qualifications stated below:

<b>Training Institution</b>	<b>Specialist Training Pursued</b>	<b>Duration of training</b>	<b>Specialist Qualifications attained</b>

2. That I have worked in the following places since qualifying :

.....  
.....  
.....  
.....

3. That the attached certified copy of documents relating to my training (degree, diploma, certificate, etc) are true and faithfully copies of the originals:

- 1 .....
- 2 .....
- 3 .....
- 4 .....
- 5 .....

6. ....

4. That the address stated below is the current and proper address of the registration body where I am/have been previously registered: -

.....

.....

5. That,

a. I have never been debarred from practising my profession on the grounds of professional misconduct; and

b. My name has never been removed from any register of members of my profession kept in accordance with the laws of any country or state in which I have practised my profession; and

c. No inquiry is pending which may result in the action being taken which is referred to in sub-paragraph (a) and (b).

And I make this solemn declaration, conscientiously believing the same to be true and I am aware that false declaration could lead to disciplinary action being taken against me.

.....

**Signature**

Declared at:..... this:..... day of:.....20.....

Before:.....

**Signature of attesting authority**

**Capacity of attesting authority**  
**(Notary Public or Commissioner of Oaths)**

**Note:** This declaration, if made in Zambia, must be under the commissioner of oaths acts Cap 46. If made outside Zambia, must be made before a Notary Public, appropriate law in that country governing the administration of Oaths for the time being, in force to take or receive a declaration.