



NHPC Application Form
for registration of Somali Health
Professionals



Application Form

NB: incomplete form will delay the registration process:

SECTION A – PARTICULARS OF THE APPLICANT																					
First Name:																				
Middle Name:																				
Surname:																				
Mother’s Full Name:																				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female																				
Date of Birth (DD/MM/YYYY):/...../.....																				
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed																				
Nationality:																				
a. Passport No:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
b. National ID No:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Residential address:																				
Local Address:																				
Telephone number:																				
Mobile number:																				
Email:																				
	<table border="1"> <thead> <tr> <th>Language</th> <th>Excellent</th> <th>Good</th> <th>Fair</th> <th>None</th> </tr> </thead> <tbody> <tr> <td>Somali</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Arabic</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Language	Excellent	Good	Fair	None	Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

✦ Somali/English is Mandatory



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Requirements:

- Attach 2 Recent Passport Size Photographs
- Attach Detailed Curriculum Vitae (CV)

Reason(s) of Professional Registration:

.....
.....

SECTION B – EMPLOYMENT STATUS	
<input type="checkbox"/> Current <input type="checkbox"/> Prospective Employer
Employment Commencing on:
Prospective Somalia Employer:
Address of Somalia Employer:
Employer Telephone Number:
Employer Email:

SECTION C – TRAINING & EDUCATION				
<i>University or Training Institution</i>				
Institution/University	Country	Duration of Training	Award	Year of Award
<i>Internship</i>				
Country	Hospital	Rotated Departments	Duration	

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



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SECTION D – EMPLOYMENT RECORD

Name of the Employer	Country	Duration of Training

Evidence of Certificate of Good Standing Form Previous Council/Commission

SECTION 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

SECTION F – DECLARATION

I, the undersigned person do hereby certify that under the National Health Professional Council Act 2018 of the Law of Somalia, the responses given by me to all of the above questions are true and correct to the best of my knowledge, 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 of Birth (DD/MM/YYYY):/...../.....	Signature
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