

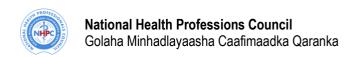
Purpose:

All Health Facilities are required to be National Health Professions Council licensed. The registration is the first step to obtaining a registration license from National Health Professions Council and describes the type and size of your health facility, the type(s) of health services provided, an health facility management, etc. On satisfactory completion of this process the applicant will be one step closer to an 'Approval in Principle – Registration' (AIP-R) certificate.

Process to Lodge this Registration Form:

Fill out this form on screen including selecting the appropriate boxes – print – lodge without signature online – the owner is to sign and stamp the printed copy and include it in the Health Facility Registration Submission. By return email (info@nhpc.gov.so), the National Health Professions Council may confirm the date and time when the submission can be submitted at the office.

SECTION 1 – GENERAL INFORMATION							
'AIP-R Number:		For NHPC Office Use Only					
Type of Application:		☐ New registration		MoH Registered		Renewal	Other
Health Facility	Name:						
	Alternative Name:						
	Year of Establishment:						
	Location / Address: (Must include - Building number, Street name, District and Region)						
	Phone Number						
	Email						
	Legal Plot Number: (Or Geographical Coordinates)		<u></u>				
	Size (Gross Floor Area in m²):						
	Name:						
Details of Authorized Representative	Surname:						
	: Role/Title:						
	Phone Number:						
	Email:						

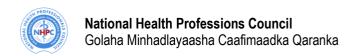


SECTION 2 – FACILITY INFORMATION					
Type of Facility Care:	☐ Hospital ☐ Community Health Centre ☐ Rehabilitation ☐ Imaging and Center Radiology Centers	□ Poly / Clinic □ Dispensary □ Pharmacy □ Dental Clinic □ Diagnosis Center □ Eye Care Center			
Level of Care:	☐ 24/7 Service ☐ Day Service	☐ Others ☐ Other			
Facility Main Service:	☐ General Care ☐ Ophthalmology ☐ Dental Care	☐ Mother and Child Care☐ Cardiologist☐ Pharmacy			
Service Available:	☐ Diagnosis Care ☐ Out-patient only	☐ Other Specialty Healthcare ☐ In-patient only			
Number of Health Workers: (All levels and types)	□ Both Patient Service	☐ Other Service			
Total number of Facility Staff:					
SECTION 3 – FACILITY AUTHORITY					
Managing Authority: (The authority that makes policy decisions and provides supervision for the facility)	□ Private (for-profit) (Facility / Training college / University) □ Government/Public Authority (MoH, Local Gov, Military/Police, Public University)	☐ Private (Not-for-profit) (NGO / Charity / Community Group)			
Owner of the Facility:	□ Private (for-profit) (Facility / Training college / University) □ Government/Public Authority (MoH, Local Gov, Military/Police, Public University)	☐ Private (Not-for-profit) (NGO / Charity / Community Group)			

SECTION 4 AUTHORISED REPRESENTATIVE DECLARATION AND CONSENT

ı,, hereby certify or affirm that:

Authorised Representative Name and Surname	Title of Au	nthorised Representative
The information provided in this application	n is complete	and accurate.
 about this application on their behalf. I understand that providing false or n is true and correct to the best of my leading the managing Authority. 	nisleading info knowledge an	naging Authority to discuss, request and provide information ormation is an offence and all the information I have provided and is as was conveyed to me by the Health Facility authority may withdraw this authority at any time.
Authorized Representative Name, Signature, and Date:	Name: Signature:	
	Date:	
Health Facility Managing Authority Name, Signature, Date and Official Stamp:	Name:	
	Signature:	
	Date:	



For NHPC Official Use						
	Approved			Incomplete, further information required.		Not Approved
Com	ments:					
		General of NHPC		Head of Policy and Regulation		Health Facility Officer
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