NHPC Health Facility Registration Form

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)*	.....
	Size (Gross Floor Area in m^2):	.....
Details of Authorized Representative:	Name:	.....
	Surname:	.....
	Role/Title:	.....
	Phone Number:	.....
	Email:	.....

SECTION 2 – FACILITY INFORMATION

Type of Facility Care:	☐ Hospital	☐ Community Health Centre	☐ Poly / Clinic ☐ Dispensary
	☐ Rehabilitation Center	☐ Imaging and Radiology Centers	☐ Pharmacy ☐ Dental Clinic ☐ Diagnosis Center ☐ Eye Care Center ☐ Others ……
Level of Care:	☐ 24/7 Service	☐ Day Service	☐ Other ……
Facility Main Service:	☐ General Care		☐ Mother and Child Care
	☐ Ophthalmology		☐ Cardiologist
	☐ Dental Care		☐ Pharmacy
	☐ Diagnosis Care		☐ Other Specialty Healthcare ……
Service Available:	☐ Out-patient only		☐ In-patient only
	☐ Both Patient Service		☐ Other Service ……
Number of Health Workers: *(All levels and types)*	……		
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)*	☐ Private (Not-for-profit) *(NGO / Charity / Community Group)*
	☐ Government/Public Authority *(MoH, Local Gov, Military/Police, Public University)*	
Owner of the Facility:	☐ Private (for-profit) *(Facility / Training college / University)*	☐ Private (Not-for-profit) *(NGO / Charity / Community Group)*
	☐ Government/Public Authority *(MoH, Local Gov, Military/Police, Public University)*	

SECTION 4
AUTHORISED REPRESENTATIVE DECLARATION AND CONSENT

I, ... /....., hereby certify or affirm that:
Authorised Representative Name and Surname *Title of Authorised Representative*

The information provided in this application is complete and accurate.

1. I have been authorised by the **Health Facility Managing Authority** to discuss, request and provide information about this application on their behalf.
2. I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the **Health Facility Managing Authority**.
3. I understand that the **Health Facility Managing 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:

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Signature:

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Date: .....

For NHPC Official Use

☐ Approved ☐ Incomplete, further information required. ☐ Not Approved

Comments: ……

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Secretary General of NHPC	*Head of Policy and Regulation*	*Health Facility Officer*