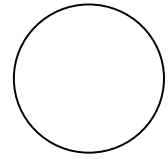




## Botswana Health Professions Council Renewal Form

Your BHPC Reg. Number \_\_\_\_\_ Reg. Category \_\_\_\_\_  
(Profession)



Year of Renewal

Name \_\_\_\_\_  
(Title) (First Name) (Surname)

Current Correspondence Address: \_\_\_\_\_  
(P.O. Box, Private Bag) (Number)

\_\_\_\_\_  
(Town, Village)

\_\_\_\_\_  
(Country, where applicable)

Email \_\_\_\_\_ Mobile \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address: \_\_\_\_\_

### Current Employment Details

Employer Name: \_\_\_\_\_  
(e.g. Ministry of health, Private Hospital, Mission Hospital, Private practice, Partnerships)

Name of the facility or Department: \_\_\_\_\_  
(e.g. Princess Marina, Bokamoso, Bamalete, Kalafong)

Location of the Facility: \_\_\_\_\_  
(e.g. Gaborone, Mmopane, Ramotswa, Francistown)

Your Designation (Post) \_\_\_\_\_  
(e.g. Senior Medical officer)

### Official Use Only

Receipt Number \_\_\_\_\_

Date of Payment \_\_\_\_\_



Date stamp for receipt of the renewal form

### Blue card Collection Details

Collected by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTES:

Renewal period is from 1<sup>st</sup> April to 30<sup>th</sup> June of any given financial year. Validity of your registration Certificate is subject to you being up to date in your renewal fees. The Council may remove your name from its register if you fail to pay any fee provided for in the BHP Act within a period of six months from the date when it was due.

If you have acquired an additional qualification or have changed your surname in the past twelve months please contact the office to collect and complete the relevant form.