



**APPLICATION FORM FOR ANNUAL PRACTICING LICENCE 2019 (AHPC form 2)**

1. Surname..... Other names.....  
Date of Birth: ..... Tel no.....
2. Current Address, P O. Box..... E-mail .....
3. Registered title or Carder on Certificate: .....  
Registration Number.....Registration date:.....  
Year of last renewal.....Renewal (calendar) year being applied for:.....
4. Qualification: .....  
Training Institution: .....  
Year attained or qualified or completed: .....
5. Additional qualification: .....  
Training Institution: .....  
Year attained or qualified: .....

**6. Current employment**

Facility name	Facility type	District	Employment type

Post Held: .....CME hours attained in the previous year.....

Signature: .....Date: .....

**NOTE: -Please attach a copy of your Previous Annual Practicing License and Certificate of Registration**

Year	Amount PER year	TOTAL AMOUNT PLUS PENALTY		
		CERT	DIP	BSC
2005	20,000/=	585,000/=	635,000/=	685,000/=
2006	20,000/=	565,000/=	615,000/=	665,000/=
2007	20,000/=	545,000/=	595,000/=	645,000/=
2008	20,000/=	525,000/=	575,000/=	625,000/=
2009	20,000/=	505,000/=	555,000/=	605,000/=
2010	30,000/=	485,000/=	535,000/=	585,000/=
2011	30,000/=	455,000/=	505,000/=	555,000/=
2012	50,000/=	425,000/=	475,000/=	525,000/=
2013	50,000/=	375,000/=	425,000/=	475,000/=
2014	50,000/=	325,000/=	375,000/=	425,000/=
2015	50,000/=	275,000/=	325,000/=	375,000/=
2016	50,000/=	225,000/=	275,000/=	325,000/=
2017	50,000/=	175,000/=	225,000/=	275,000/=
2018	Cert 50,000/= Dip 70,000/= Bsc 90,000/=	125,000/=	175,000/=	225,000/=
<b>2019</b>	<b>Cert 50,000/= Dip 70,000/= Bsc 90,000/=</b>	<b>50,000/=</b>	<b>70,000/=</b>	<b>90,000/=</b>

**50% Penalty after 31st March**