BHPC Application Instructions for Penn Travelers

Any physician practicing medicine in Botswana is required to register with the Botswana Health Professions Council (BHPC).

To register you will need to submit the application along with the following:

- 4 x Passport Photos, Notarized (These photos can be obtained in Botswana.)
- Notarized copy of passport
- Notarized copy of medical school diploma (NOTE: If your diploma is written in Latin, it should be translated to English and then notarized. A translated copy of the Penn diploma is available at http://www.upenn.edu/secretary/diplomas/translation.html)
- Notarized copy of your state license
- Copy of your CV
- Complete section 1 of the application, applicable parts of section 2 and section 4; all else on the form will be N/A. (BUP staff in country can help in completing the application.)
- The cover/letter of introduction will be provided by staff in country.

The completed application should be hand-carried with you. (Do NOT check in your luggage.)

BUP staff will assist in completing the application in country and will take you to the BHPC on the Wednesday following arrival for processing and swearing in.

Please note that you cannot practice medicine until the BHPC registration is completed so you should plan to arrive the weekend before you plan to start working (or Monday night at the latest) so that you can turn in your BHPC registration on a Tuesday and appear in person to receive the registration information on Wednesday.
Application form
For health professionals WISHING to be entered into one of the health professions registers.

This information will be used to register you, update the registers and any other purpose that the council may deem appropriate. It may be disclosed to the agents of the Botswana Health Professions Council.

You must complete all the sections of this form and attach all the appropriate documents and fees before sending the forms to BHPC offices.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

The list of enclosures:
Certified means an endorsement indicating that the document is a true copy of the original, often done at the police or through an attorney.

1. Certified copy of passport details (non citizens) or Omang (citizens)
2. Four passport size photographs [there has to be an endorsement for true likeness]
3. Certified evidence of change of name or surname [if applicable]
4. Certified copy of residence permit and work permit or waivers if applicable
5. Certified copy of certificate of qualifications (educational diplomas)
6. Certified copy of evidence of internship (for graduates who are registering for the first time)
7. Current curriculum vitae
8. Application letter (cover letter to application form)
9. Application fee (P30.00)
10. Certified copy of Current Practicing License and Registration Certificate*
11. Original of certificate of good standing from previous registration body (Dr. Malome says this must be submitted)
12. Two recent professional references (Originals in headed paper or letter head).*
13. Employment letter in Botswana (Letter of introduction from us will do)
14. Notes:
   a. You will be called to a written test and an interview a week after you submit your application letter and all the relevant details.
   b. All documents must be in English

Every document must be certified by Commissioner of Oath not the Police
Section 1

Health Profession for which Registration is applied

Identification details

Name of the Applicant…………………………………………………………………………..
(First Name) (Surname)

Gender  Male     Female

Date of Birth (day/ Month/ year)……………………………………………………………..

Address…………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Email………………………………… Mobile ………………………………………

Telephone………………………….Fax ………………………………………

Immigration status
Citizen    Resident    Work Visa    Visitor Visa

Oman Number  ………………………………….(for citizens only)

Passport Number  …………………………….. Issued by…………………………
Date of Expiry………………

Verification of Identity – witness to sign below [also sign photographs]
I ………………………………………………………………………………………………
(Witness’s name in full)
certify that the attached four recent photographs are true likeness of
………………………………………………………………………………………………
(Applicant)
Signed…………………………………………………………………………………
(Witness)

Enclosures of Section 1:
1. Certified copy of passport details (non citizens) or Oman (Citizens)
2. Four passport size photographs [there has to be endorsement for true likeness]
3. Certified evidence of change of Name or surname [if applicable]
Section 2
Qualification Details

Primary Qualification
Title of the qualification…………………… University ………………………………….
Date Conferred ……………………………. Country ……………………………………

Postgraduate qualifications
Titles of the qualifications 1………………. University …………………………………
2……………………. University………………………………
3……………………. University…………………………
Date Conferred 1…………………………. Country …………………………………
2………………………… Country………… ……………………………
3………………………… Country…………………………

Occupation/Specialty…………………………………………………

This subsection is to be completed by both non citizen applicants, and citizen applicants who have already practiced in other countries.

Country of previous registration …………………………………
Statutory body of last registration……………………………………
Address of the statutory body of last registration……………………
Phone……………………………… Fax …………………………………

Do you have any conditions on your registration? [Please cross]
No   Yes (if yes please provide the details on a separate page)

Have you ever been removed or suspended from a health professions register?
No   Yes (if yes please provide the details on a separate page)

Enclosures:
1. **Original** certificate of good standing from the statutory body of last registration.
2. Certified copy of certificate of registration from statutory body in the country where you are now practicing
3. Recommendation from two colleagues [ one of them being your immediate supervisor]


Section 3
Employment Details

Have you been appointed to a position in Botswana? Yes ___ No ___

If “Yes”, what is the position? .................................................................

Name of Employer/Institution .................................................................

Tick appropriate employer from list provided:

1. Botswana Central Government
   Headquarters ........................................
   Referral Hospital.................................
   District Hospital.................................
   Primary Hospital.................................

2. Local Government
   District health team..............................
   Local Clinic........................................

3. Mine Hospital..................................

4. Private Hospital................................

5. Private Clinic/Practice....................... 

6. Private Pharmacy.............................

7. Other….please specify.....................

Address of the Employer / Institution.
...........................................................................................................
...........................................................................................................
...........................................................................................................

Place/Location of Deployment:......................................................
Phone of the employer ................................................. fax .................

Email...................................................

I, ........................................................................................................
(First Name) (Surname) (Title)
hereby representing.................................................................
(the employer’s name)
do certify that .................................................................
(the applicant’s name)
has been offered a position.
Section 4

Declaration of Oath

I, the undersigned ……………………………………………………………………………………………………….

(Title) (First Name) (Surname)
of ……………………………………………………………………………………………

(full physical address)

hereby make oath and declare that I am the person mentioned in the accompanying
documents submitted by me in support of my application to be registered as a health
professional in Botswana. I have never been debarred from practice in any country by
reason of misdemeanour or professional misconduct.

……………………………………………………………………………………………………

(signature) (Date)

Sworn before me this………………………day of ……………………., 20………

……………………………………………………………………………………………………

(signa