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## **BHPC Application Instructions for BUP Travelers**

Just as no person would be allowed to walk onto the wards of HUP or any other US hospital and begin treating patients without presenting their credentials, no one may practice in any hospital or clinic in Botswana without official permission. Any physician practicing medicine in Botswana is required to register with the Botswana Health Professions Council (BHPC) before seeing patients.

To register you must bring the following documents with you to Botswana:

- 4 x passport photos
- 1 x notarized copy of passport photo page
- 2 x letters of recommendation from doctors/supervisors you work with (letters to be original, no digital copies allowed by BHPC, dated no older than six months)
- 1 x notarized copy of your medical degree/diploma
- 1 x notarized copy of your state medical license/registration
- 1 x CV
- Copy of offer letter (provided in Botswana)
- Cover letter of application form (provided in Botswana)
- Application fee (P30 ≈ \$3)

BUP staff will assist you in completing the application (pp 3-6 of this document) in country and take you to the BHPC on your first day during orientation to submit the forms and then again on the Wednesday following arrival to receive your approval.

### **Note that you cannot practice medicine until the BHPC registration is completed.**

You should plan to arrive in Botswana on the weekend prior to when you plan to work so that your BHPC application can be turned in on Monday and you can receive registration certification on Wednesday afternoon. You will then be able to start to practice medicine on Thursday.

**Travelers who arrive in country after Monday WILL NOT be able to register until the following week!**

(Also – Be sure to bring the following instruction page, which is technically the first page of the application with you!)

# **BOTSWANA HEALTH PROFESSIONS COUNCIL**

## **Tel: 3914672**

### **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

Omang 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 Omang (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]*
4. *Certified copy of residence permit, or work permit. OR WAIVER 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]
4. Current curriculum vitae.

### 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.

Signed..... Date .....

## 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 .....

.....  
(signature)