
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 will need to complete the following application and submit it for review along with the following supporting documents:

- 4 x Passport Photos (These photos can easily be purchased in Botswana. They will need to be signed by an official as being a true likeness of you. If you have photos already, take them with you unsigned and you can have them signed in country.)
- 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> if you did not go to Penn but you have a Latin diploma, look on your school's website for a translation.)
- Notarized copy of your state medical license
- Letter of reference from your program director
- Letter of reference from another professional contact in your department
- Copy of your current 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.) Do not fill in the square on page 1 as the police officer in Gaborone who signs your photos will sign this part.
- The 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 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)