



APPLICATION FORM FOR ANNUAL PRACTICING LICENCE (AHPC form 2)

1. Surname..... Other names.....

Date of Birth:

2. Current Address:

P. O. Box.....Tel no.....

E-mail

3. Registered title or Carder on Certificate:

Registration Number.....Registration date:.....

Year of last renewal.....Renewal(calendar) year being applied for:.....

3. Qualification:

Training Institution:

Year attained or qualified:

4. Additional qualification:

Training Institution:

Year attained or qualified:

5. 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

- For payment Pick a customized banking slip from the nearest AHPC office or DHI office to you.(pay at any Stanbic branch)

Year	Amount PER year	TOTAL AMOUNT AND PENALTY
2005	20,000/=	435000/=
2006	20,000/=	415,000/=
2007	20,000/=	395000/=
2008	20,000/=	375000/=
2009	20,000/=	355000/=
2010	30,000/=	335000/=
2011	30,000/=	305000/=
2012	50,000/=	275000/=
2013	50000/=	225000/=
2014	50000/=	175000/=
2015	50000/=	125000/=
2016	50000/=	50000/=
Penalty after 31st Mar	25,000/=	

Professional ID

20,000/=

Paid once

