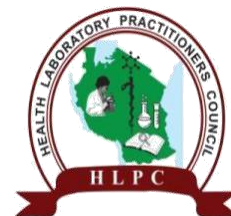




THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN
HEALTH LABORATORY PRACTITIONERS' COUNCIL



PART I
APPLICATION FOR COUNCIL'S EXAMINATIONS

FILL IN BLOCK LETTERS

1. Person particulars

- (a) Surname
- (b) Other names.....
- (c) Date of birth.....Sex
- (d) Nationality.....
- (e) Present address in Tanzania:

- (f) Mobile number.....
- (g) Email address.....

2. Registration status: provide your Provisional Registration number

.....

3. Employment status: Employed /Not employed (If employed provide the name and address of the employer)

.....

Internship site (If applicable)

4. Qualification (e.g. Certificate in Medical laboratory)

5. Designation (e.g. Lab Assistant)

6. Number of Examination attempts (e.g. 1)

7. If more than 1 attempt specify, repeat Theory ☐ Practical ☐ Both ☐

8. Control number used for payment (e.g. 991750014056)

9. Particular of registration outside Tanzania:

- a. Place
- b. Registered byRegistration Date.....
- c. Registration number.....

7. Select two examination centre from the following list according to your preference;
(Dar es Salaam, Mbeya, Mwanza, Kilimanjaro, Dodoma)

- a.
b.

Note: Council has final mandate to the choice you made

.....
Signature of applicant

.....
Date

NB:

1. Non-refundable application fee (**TShs.150, 000/=** for Ordinary Diploma and Certificates) (**Tshs. 200,000/=** for Bachelor Degree), (**USD 300.00** for Non – Tanzanian) the examination fee shall be paid through the provided **control number** from **Health Laboratory Practitioners’ Council**.
2. This form shall be completed by applicant and sent with copies of certified provisional registration, two passport-size photos (background light-blue) taken within six months, and the evidence of paid examination fee (e.g. bank pay in slip) to:
 1. The Registrar,
Health Laboratory Practitioners Council (HLPC),
P O Box 743,
Dodoma.

OR

 2. Email to: hlpc@afya.go.tz or hlpc2018@yahoo.com

PART II

DECISION OF THE COUNCIL

1. This application has been approved/rejected by the Council
2. This application has been rejected by the Education Committee of Council which met on
....., due to the following reason(s);
.....
.....
.....
.....

.....
Registrar’s Signature

.....
Date