## THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE

FORM'4

## TANZANIA HEALTH LABORATORY PRACTITIONERS COUNCIL PART I

## APPLICATION FOR ADMISSION TO THE REGISTER / ROLL AND LIST OF HEALTH LABORATORY PRACTITIONERS AND LIST OF LICENSED PERSONS

## Fill in the Block letters

| 1. F | Persona           | l Particulars:                         |                      |                         |                            |
|------|-------------------|--|----------------------|-------------------------|----------------------------|
|      | · (a)             | Surname                                |                      |                         |                            |
|      | (b)               | Other names                            |                      |                         |                            |
|      | (c)               | Date of Birth                          | Sex.                 | Nationality             |                            |
|      | (d)               | Present Address i                      | n Tanzania           | Arran Caracina and sa   | neroda i unistis           |
|      | (e)               | Cell Phone                             |                      |                         | ,EEDF 1008 100 3 14        |
|      | (f)               | E-mail address                         |                      |                         | TRACECOM MATERIA           |
| 2.   | Employ            | er in Tanzania                         |                      |                         |                            |
| 9    |                   |  |                      |                         |                            |
| 3.   | Qualific          |  |                      |                         |                            |
|      |                   | 4. 4                                   |                      |                         |                            |
|      |                   |  |                      | el halanian most and ma |                            |
|      |                   |  |                      | g at each College (Sch  | ool with dates)            |
| S/No | Course            | Attended                               | Institution          | Duration                | Award                      |
| -    |                   |  |                      |                         |                            |
|      |                   |  | : REGISTRAP.         |                         |                            |
|      |                   | ration required: Full                  | /Licensed /Temporary | /Provision/Enrollment   |                            |
| 6.   | Particu           |  |                      | // TOVISION/ENTONITION  |                            |
|      | · circioci        | lars of Registration                   | outside Tanzania:    | TOVISION ENGINEER       | en internesse and mercinal |
|      | (a)               |  | outside Tanzania:    | Date                    |                            |
|      |                   | Place                                  | outside Tanzania:    | Date                    |                            |
|      | (a)               | Place                                  | outside Tanzania:    |                         |                            |
|      | (a)<br>(b)        | Place Registration by Registration Num | outside Tanzania:    | Date                    |                            |
|      | (a)<br>(b)<br>(c) | Place Registration by Registration Num | outside Tanzania:    | Date                    |                            |

| 7. Endorsed by the District Health Laboratory Practitioner to confirm that, the persons to   | be    |
|--|-------|
| licensed is working in his area of Jurisdiction.   |       |
| WHO ICH  |       |
| Name Date Signature of Supervisor  |       |
|  | (s    |
| NB: - (i) For Licensed persons the application form has to be endorsed by the  |       |
| Regional Supervisor of the Councils to confirm that, the persons is working  |       |
| in his area of Jurisdiction.   |       |
| NB:- (ii) This form when completed the Supervisor should verify it and send  |       |
| together with evidence of registration fee payment, two passport size photographs,   |       |
| certified photocopies of certificate and curriculum vitae to:  |       |
| The Registrar,   |       |
| Health Laboratory Practitioners Council of Tanzania  |       |
| P.O. Box 9083,   |       |
| Dar es Salaam.   |       |
| The second of th |       |
| PART II  |       |
| DECISION OF THE COUNCIL  | :     |
| I. This application has been approved /rejected by the Council which met on  |       |
|  |       |
| II. This application has been rejected by the Council which met on   |       |
| due to the following reason(s)   |       |
|  |       |
|  |       |
| Date REGISTRAR   | ••••• |
| *delete whichever inapplicable*  |       |
| All Payments should be paid to:-   |       |
| NMB - Council Account - Bank House Microfinance - Account Number - CA 20111000   | )81   |