



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

(A SUBSIDIARY OF THE NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA)

Established under Decree 1, 1990, Law of the Federal Republic of Nigeria RC:121726

APPLICATION FOR REGISTRATION

For official use only

RECEIPT/TELLER No
DATE ISSUED

fix 3 recent passport
photograph stating your
name, school of training,
qualification and year.

Please read through the form carefully before completion.
Fill in block letters all through

NAME: _____
Surname *Maiden name (nee)*

_____ *First name* _____ *Middle name*

SEX: _____ MARITAL STATUS: _____

DATE OF BIRTH (DD/MM/YY): _____

PLACE OF BIRTH: _____

STATE OF ORIGIN: _____ NATIONALITY: _____

E-MAIL ADDRESS: _____

PHONE No(s) _____

PERMANENT HOME ADDRESS: _____

OFFICE/POSTAL ADDRESS: _____



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

AREA OF REGISTRATION

I hereby request the Council to enter my name in the register maintained for;

- i. Public Health Assistants
- ii. Public Health Technicians
- iii. Public Health Technologists
- iv. Public Health practitioners (B.Sc)

NAME OF SCHOOL OF TRAINING: _____

ADDRESS: _____

QUALIFICATION OBTAINED WITH DATE: _____

DECLARATION

1. I hereby declare that the above information is true and correct.
2. I also understand that any false declaration will automatically disqualify me from registration.
3. Enclosed is the registration fee of ₦..... (in figure) (in words) in bank teller being paid by self into the council's bank account.

For official use
Approved by Registrar of the council
Reg. No _____
Date of reg. _____
Signature _____
Date _____

SIGNATURE AND DATE OF APPLICANT: _____

NAME OF SCHOOL REGISTRAR/COORDINATOR: _____

SIGNATURE AND DATE: _____



NATIONAL ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

Registration/licensing fee

Application form ---~~₦~~ 7,500

Index form and indexing---~~₦~~ 15,000

Examination/License fee---~~₦~~ 25,000

Penalty for late registration --~~₦~~ 5,000

PLEASE NOTE: ALL PAYMENT IS TO BE MADE INTO THE ACCOUNT BELOW ONLY;

ACCOUNT NAME: ASSOCIATION OF PUBLIC HEALTH PRACTITIONERS OF NIGERIA

ACCOUNT No: 1021778561

BANK NAME: UBA

ANY PAYMENT NOT MADE INTO THIS ACCOUNT WILL BE DISREGARDED AND CONSIDERED VOID. PLEASE BE WARNED.