

REQUIREMENTS FOR REGISTRATION OF A NEW SERVICE PROVIDER

Please submit copies of the following:

1. Certified Copies of Professional Certificates. (Undergraduate/ Post graduate) & CME
2. Certified Copy of Registration Certificate from Ministry of Health/BHPC/Botswana Medical Council
3. Certified Copy of Current registration card from Botswana Health Professions Council (BHPC) (blue card).
4. Certified Copy of Letter of permission/license to set up a private practice from Ministry of Health.
5. Certified copy of Certificate of Incorporation
6. Certified copy of Certificate of Registration
7. Certified Copy of Company Share Certificate
8. Certified Copy of ID
9. Certified copy of the passport and proof of work permit and residence, where the applicant is not a Botswana citizen.
10. CV/ Resume
11. Certified copy of Tax clearance certificate
12. Offer letter of employment if not owner of company
13. Banking Details

Your application letter **must be** on a company/practice letter head which states the following:

- Physical address
- Postal address
- Telephone (landline and cell phone) and fax numbers and
- Email address

In addition, where applicable please include English Translations of certificates.

Should you have any queries regarding this application, please contact **Service Provider Relations Department on 3633241**