FOR SALE

TMPC No.: TAM2020AR5 05251

FORM T/A

MINISTRY OF HEALTH

TRADITIONAL/ALTERNATIVE MEDICINE PRACTICE COUNCIL

RENEWAL FORM

TRADITIONAL MEDICINE PRACTITIONER ☐

ALTERNATIVE MEDICINE PRACTIONER ☐

Section I: Your Personal Information *(Please print clearly)*

Registration Number

Last Names

Name of Premise

Location/District/Region

Telephone Numbers

Type of Practice (s)

Section II: Professional Development *(Tick where applicable)*

Have you had any formal training, since recent certification? Yes ☐ No ☐

List at least three (3) TMPC CPD training programmes you have attended and indicate the year and certificate number. Attach certified copies.

No.	PROGRAMME	YEAR	LOCATION	CERTIFICATE NO.

Do you belong to any professional body? Yes ☐ No ☐

if yes provide the following;

a) Name of the professional body____________________

b) Registration Number / PIN (Membership No.)____________________

c) Certificate of membership____________________

Section III: Current Employment

Employer / Business Name____________________

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Section IV: Record of Conviction for criminal offence *(if Any)*

Have you since your last registration / renewal had been convicted of any criminal offence?

Yes ☐ No ☐

if yes , give details____

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CERTIFICATE STATEMENT

I declare that the information on this renewal form and documents submitted to the Traditional Medicine Practice Council (TMPC) of Ghana is provided in good faith and is true, complete and accurate.

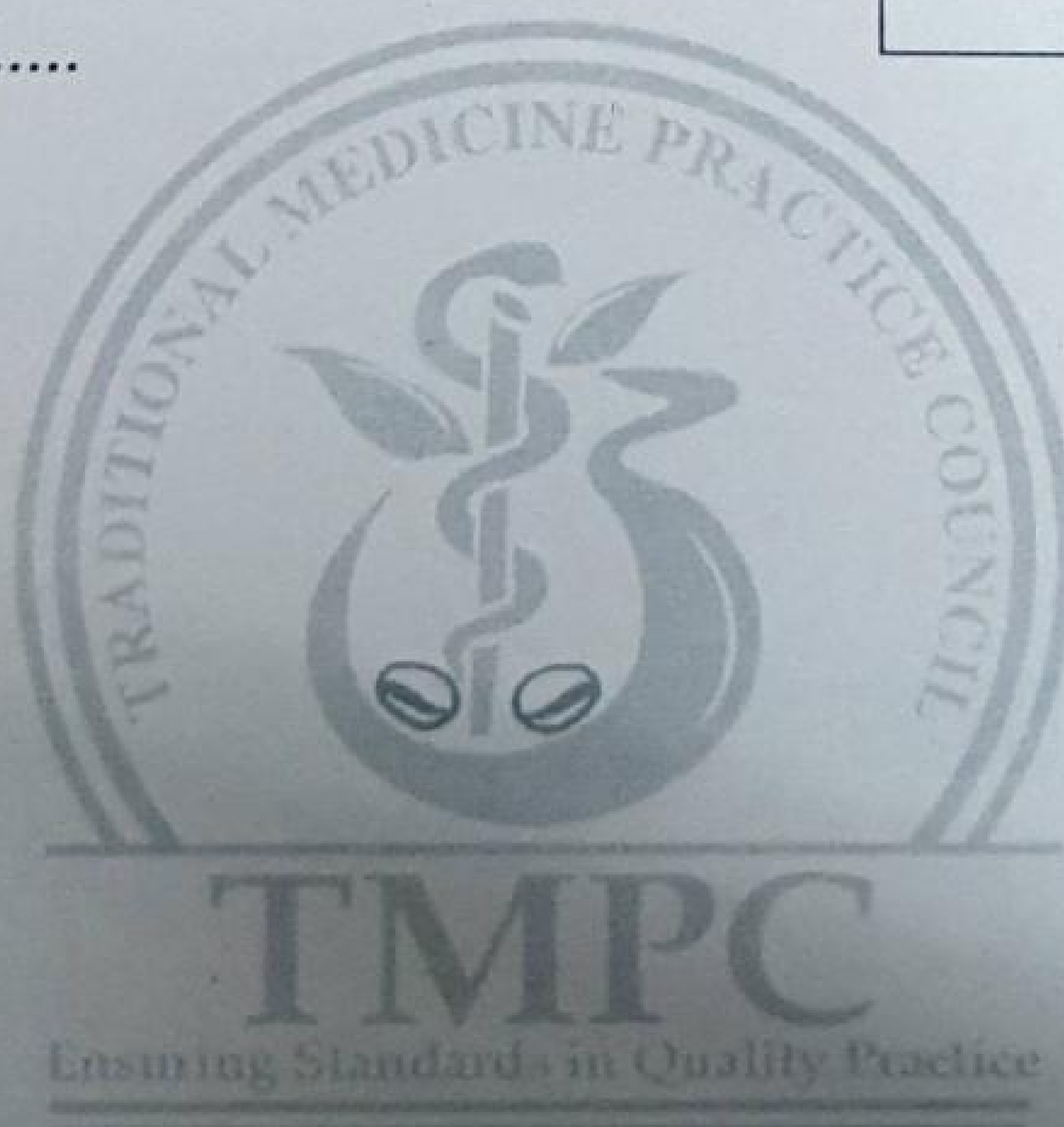
I understand that any misrepresentation may be cause for refusal or revocation of Registration. I also pledge to use tittles prescribed by the TMPC, and to which I am entitled. I am liable to sanctions when I flout this rule. I commit or solemnly accept or agree that any proven misconduct and or evidence of criminal conduct will constitute basis for my disqualification and or revocation of my current license.

....

Signature of Applicant **OR**

RTP of applicant

Date:................/............./...........



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FOR SALE **TMPC No.:** PTAM2020BR506101

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MINISTRY OF HEALTH
TRADITIONAL MEDICINE PRACTICE COUNCIL

REPUBLIC OF GHANA

RENEWAL FORM

LICENSED PRACTICE / SERVICE PREMISES

Section I: Your Personal Information *(Please print clearly)*

License Number ☐ Certificate Number ☐

Name of Facility ☐

Name of Practitioner in Charge ☐

Telephone No.(s) ☐

Name of Owner ☐

Telephone No.(s) ☐

Location ☐

Town ☐

Type of Facility: ☐ Clinic / Centre ☐ Hospital ☐ Sales Facility ☐ Class

Previous Expiry Date: ..../........../......... Class A1 ☐ Class A2 ☐ Class B ☐ Class C ☐

Section II: List of Current Clinical Staff *(Please print clearly)*

Provide list of all Clinical Staff only

NAME OF STAFF	PROFESSIONAL REGISTRATION No.	CONTACT NUMBERS	NATIONALITY	REMARKS/ROLE

Continue on a supplementary sheet if necessary

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CERTIFICATE STATEMENT

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I understand that any misrepresentation may be cause for refusal or revocation of Registration.

....

Signature of Applicant **OR** **RTP** of applicant

Date:................/............./............

FOR OFFICE USE ONLY

FACILITY INSPECTION REPORT

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Investigating Offer's Signature... Date:................/............./............

INVESTIGATING COMMITTEE REPORT	COUNCIL'S DECISION
☐ Recommended ☐ NOT Recommended	☐ Approved ☐ NOT Approved
☐ Deferred ☐ Referred to Council	☐ Deferred ☐ Referred to Council
....	....
Investigating Officer's Signature	***Registrar's Signature***
Date.........../............./................	Date.........../............./....................

Registrar's Comment if any____

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Registrar's Signature... Date.........../............./............

TRADITIONAL MEDICINE PRACTICE COUNCIL
TMPC
Ensuring Standards in Quality Practice

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