

## Application Form 2025

Date: DD MM YYYY

Applicant Information	# mandatory fields to fill in
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# Full Name:

Title, First name, Initial, Surname

Preferred calling name

# Home Address:

Street Address

City

Country

Postal Code

# Postal Address:

City

Country

Postal Code

Home Phone:

( )

# ID / Passport Number:

Work Phone:

( )

# Cell Phone:

Fax No:

( )

Email Address:

# Next of Kin:

Title, First name, Surname

Qualification to Archive  
(ECP-B , ECP-I , OSH Officer)

*if applicable please include date qualified and from which institution qualification was obtained*

**Uniform Size, 1 set Trouser and Shirt included in the application fee**

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XXL

☐

Here with I order a second set of Uniform.  
Costing NAD 2,750.00 incl. VAT

☐

M

☐

XL

☐

XXXL

**Application fee includes the following items**

☒

HPCNA student registration  
(if applicable)

☒

First Examination

☒

1 (one) set of Student  
Uniform (PPE)

☒

Certification

**Application Fee: NAD 2,500.00**

Additional fees: NAD. \_\_\_\_\_

**PAYMENT DETAILS:**

- **Payments must be done on Application / Invoice**
- **No cash payments are accepted**
- Payments must be done via EFT or card payment at the OSH-Med International Service & Training Centres
- **EFT payment or cash deposit into the bank account use the following reference:**
  - **Surname, Quotation No. / Date of birth**

I HEREBY CONFIRM ACCEPTANCE OF, & I AM IN AGREEMENT WITH, ALL THE STIPULATED APPLICATION & REGISTRATION, PAYMENT, PARTICIPATION, CANCELLATION & POSTPONEMENT - TERMS & CONDITIONS AS PER [T&Cs online on https://www.osh-med.pro/accreditation](https://www.osh-med.pro/accreditation) or [click here](#) APPLY.

SIGNED:

\_\_\_\_\_

DATE:

\_\_\_\_\_

WITNESS:

\_\_\_\_\_

DATE:

\_\_\_\_\_

WITNESS NAME:

\_\_\_\_\_

CONTACT NUMBER:

\_\_\_\_\_