Federal Democratic Republic of Ethiopia Ministry of Health

Health Professionals' Competency Assessment and Licensure Directorate

Registrar Manual

March 2019

Message from the Director

As compared to the WHO standard of health professionals to population ratio for developing countries, Ethiopia has wide gap yet and the government has been working to increase the number of health professionals by increasing the intake of health science colleges and by opening new institutions.

While this helped to reduce the gap we have compared to the standard, the quality of the teaching and learning process hence, the service provided by the professionals became an issue for different stakeholders and the government as well. For this reason and since licensure exams are widely practiced internationally in different countries to insure the quality of health service, the federal ministry of health took the initiative to launch licensure exam initiative within human resource directorate since July 2015. Since then two round pilot tests given and reports discussed with different stakeholders.

The initiative currently led by a directorate established for this purpose, which is composed of three case teams and has been doing different activities to strengthen the system and capacitate the directorate to implement the exam in wider range with a much better organization and quality. As part of this, different documents were prepared to help facilitate the exam process and create transparency and sustainability of the program.

In the preparation of this document and other manuals, different examining institutions and countries experiences were reviewed, highly valued experts from different higher teaching institutions and Jhpiego- Ethiopia were involved for whom my deep appreciation goes for and for the high commitment and hardworking of the staffs at the federal ministry of health.

To this end, I would like to call for a collaborative work of all stakeholders in the health sector to this initiative, which indeed has high contribution to quality assurance of the health service delivery and yet cannot be effective unless all relevant bodies put their hands together for its implementation and continuity.

Dr. Ruth Nigatu

Health Professionals' Competency Assessment and Licensure Directorate, Director

Acknowledgement

This registrar manual for Health Professionals' competency assessment and licensure (NHPCAL) is a contribution from several educators and concerned individuals with a genuine interest to propel Ethiopia's medical and health science education forward.

The Ministry of Health is grateful for the contribution of many individuals and institutions in realizing this endeavor. Among these are: training institutions (both public and private), Ministry of Education, FMHACA, HERQA and COC, ESC and JHPIEGO/Ethiopia.

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Acronyms & Abbreviations

COC: Center of Competency

FMHACA: Food, Medicine and Health Care Administration and Control Authority

HEIs: Higher Education Institutions

HERQA: Higher Education Relevance and Quality Agency

HESC: Higher Education Strategic Center

ID: Identity Card

MCQ: Multiple Choice Questions

MOE: Ministry of Education

MOH: Ministry of Health

HPCALD: Health Professionals' Competency Assessment and Licensure Directorate

HPCALE: Health Professionals' Competency Assessment and Licensure Exam

OSCE: Objectively Structured Clinical Examination

Definition of Terms

Unless their contexts dictate otherwise, the following words or expressions shall have the meanings given herein-under.

- **Altered documents**-Change in the content of candidate information after registration for HPCALE

- **Assessment** - It is a process of collecting evidence/s and making a judgment on whether competency has been achieved or not

- **Assessment Center** –A center which is officially certified by authorized bodies and serve as a center for examination

- **Assessor** -A technical expert from health facilities and/or higher education institutions who is certified by the HPCALD, whose responsibility is to assess and evaluate the candidates competency.

- **Cadre-A** field of study which is given in HEIs

- **Candidate**- An individual who applies for assessment and fulfills all the requirements for seeking recognition of his/her competencies.

- **Certificate** – A document issued to individuals or those who are assessed and being competent

- **Certification–** A formal process of recognizing an individual's competence measured against expected competency

- **Competent-A** candidate who passed both theoretical and practical licensure examination.

- **International student**-Those candidates who have educated out of Ethiopia

- **Invigilator** - Someone who watches examination candidates to prevent cheating and collect the filled answer sheets

- **Potential candidates-T**hose who have been graduated or Students who will be graduated for HEIS every year.

- **Standardized patients-A**n actor who is trained to represent a patient and serve for the candidate as a real person to practice on it in a simulated environment.

1. Introduction

World Health Organization (WHO) asserted that no matter how many individuals are educated and deployed; health professionals cannot transform population health unless they have the necessary competencies. Hence, WHO recommended changes in regulations including certification and licensing of graduates. It is also known that many countries around the world including those in North America, Europe and Africa verify competence and fitness to practice of health professionals by administering standard qualification or licensure examinations.

The Government of Ethiopia recognizes that healthcare is one of the crucial components of basic social services with direct linkage to growth and development of the country as well as to the welfare of the society. The quality of health care delivered in a country has an immediate and long-term impact on the quality of life, livelihood, morbidity and mortality of its citizens and on the nation's economy and its national security. Accordingly, the Ministry of Health (MOH) is committed to reduce morbidity, mortality and disability and to improve the health status of Ethiopian people by providing and regulating health services. Health professionals' competency assessment is among the approaches of regulating health service; hence MOH designed health professionals' Competency assessment and licensure.

The sole purpose of competency assessment is to identify health professionals who possess the minimum basic knowledge and experience necessary to perform tasks on the job safely and competently, but not to select the "top" candidates. It is also to validate safe and effective medical practice, job-related skills and knowledge to provide an independent assessment and documentation of competency. Therefore, competency assessment is very different from academic or employment examination.

To this end, this Manual is prepared to govern the registration process with the major purpose of directing and governing the registration process of HPCALD so that a standardized system of registration will be ensured.

2. Objective

The objective of this manual is to provide direction and to facilitate the registrar system which includes registration, documentation, communication, certification, and authentication process for effective and efficient implementation of HPCALE.

3. Role and Responsibilities of the Registrar Case Team

- Collects list of potential candidates from public and accredited private higher education institutes (HEIs)
- Processes, coordinates and oversees the document of individual applicants
- Develops and implements an efficient and effective management information system
- Prepares and provides admission card to the candidates
- Develops mechanisms for the early and timely certification of competent applicants
- Prepares and provides awareness creation process of training (sessions)
- Creates, controls maintains, updates and keeps confidential the records of potential applicants and other documents through physical and/or electronic system
- Collects ,evaluates and organizes applicants' official transcripts and other necessary documents for certification
- Provide certificates
- Authenticates certificates of the candidates
- Carries out with other units/teams and other offices in close cooperation
- Releases/sends exam results to the candidate and HEIs on time
- Communicates the concerned bodies with the necessary information
- Coordinates and processes the registration, documentation, certification, communication, and authentication activities.
- Updates essential software
- Prepares report and submit it to its immediate higher body (manager)

4. Registration

4.1. *Eligibility Requirements for new applicant*

- candidates from the institution and individual applicants must be enrolled in the final year of graduation
- An applicant educated in Ethiopia must obtain his/her an undergraduate degree in Health professional programs from public and accredited private institutions.
- Candidate must take the HPCALE (first attempt) within two years after graduation.
- If the candidate couldn't take the exam within two years, he/she can take the competency exam. But if he/she passes the exam, candidate must work under supervision (Refer directive guild line)
- International applicants must hold a first degree in any health professional programs and able to provide their authenticated documents from Higher education relevance and Quality Agency (HERQA) or other respective authorities

4.2. *Documents required for new applicants*

4.2.1 For Individual Applicant (for online and in-person registration)

- Completed registration form
- Signed Consent
- Two passport size photos (upload scanned photo)
- List of candidates from the institution/support letter from his/her institution
- An ID card or passport
- Proof of application payment

NB: *These requirements are applicable for candidates who are currently in graduating year.*

➤ **In person, applicants will register through their institution/exam center**

4.2.2 *For International candidate (Both for online and in-person registration)*

- Completed registration form
- Signed Consent
- Two passport size photos
- One Copy of degree and Transcript with certified original document for confirmation
- Qualification equivalence proof from HERQA/other respective authorities
- Valid   passport
- Proof of application fees

NB: Online applicants will bring certified original degree and transcript before the examination.

4.3. Application Process

- HEIs shall submit a list of potential candidates for all cadres/program to Health professionals' competency assessment and licensure Directorate 90 days prior to the examination date.
- The directorate must forward registration numbers and admission slips for all institutions 45 days prior to the examination
- The institutions shall communicate the updated list of candidates with the signed consent two weeks prior to the examination date and the update list should be posted for candidates.
- The final updated list of candidates enrolled for HPCALE should be released on the official website of the ministry
- After the establishment of an online registration system, potential candidates must process their application individually. If the online system is not functional/inaccessible, the applicant can register for HPCALE either in person at registration center/local assessment centers.
- An applicant shall complete and submit the registration form based on the instruction provided by the registrar.
- A complete application shall be submitted with all required documents. The registrar will not take responsibility for an incomplete application.

- On receipt of candidate application and proof of payment, it will be reviewed by the registrar and the candidate will be issued with registration number, which should be used in all future communication with the examination directorate.
- The registrar issues admission slips, examination schedule, and candidate manual for registered applicants.
- International candidates shall obtain equivalence for their qualification from Higher Education Relevance and Quality Agency (HERQA/Ethiopia) or other respective authorities.
- The tentative schedule for HPCALE is presented in the following table

Exam Schedule	1st Round	2nd Round	3rd Round
Time period	June -July	October-November	February-March

Table 1: Schedule for exam administration

N.B: The exam schedule and frequency adjusted as deemed necessary the directorate will notice to the candidate well ahead of time.

4.4. Registration for Re-Examination

4.4.1 **Eligibility criteria for Re-Examination**

- Candidate failed MCQ or/and OSCE
- A candidate who fails the examinations can apply three times (after the first attempt) for re-examination within two years.
- If the candidate couldn't pass the exam within two years, he/she must take additional training and must bring pieces of evidence from HEI regarding the additional training.
- The candidate advised taking additional training prior to any re-examination.

NB: Individual applicant who fails four attempts will not be illegible for re-examination.

4.4.2 **Document Required for Re-Examination:**

- Completed Application form/Completed registration form
- ID /Passport
- Proof of payment

4.4.3 **Application Process for Re-examination**

- Documents of candidates who are applying for re-examination should be available in the database of previous examinations
- A candidate who is applying for re-examination must register either in person at registrar team/local assessment center or through an online registration system.
- On receipt of candidate application, the candidate will be issued admission card, examination schedule and candidate manual for applicants

4.5. Exam Policy

- If candidates want to withdraw from HPCALE with any personal reasons, he/she shall report two weeks prior to the scheduled date, then his/her accommodation will be reserved to the next schedule and he/she should pay an additional fee (50% of the examination fee).
- Candidates who do not report their withdrawal before two weeks from the exam are expected to be registered as new applicants for the next schedule with 50% penalty.
- If the candidate experiences an emergency or other unexpected problem before or during the exam, he/she shall submit acceptable pieces of evidence within one week after the completion of the exam. If the evidence provided is acceptable by the committee, his/her accommodation will be reserved for the next schedule without any additional payment.
- Those candidates not reported their emergency within one week after the completion of the exam should be considered as a new applicant with a 50% penalty.
- If the candidate failed either MCQ or OSCE, he/she must be registered for the re-examination of the failed exam (either MCQ or OSCE) and he/she is expected to pass the failed exam within 2 years. If not, the previous pass score of the other exam will be canceled/expired, and she/he must register both for OSCE and MCQ only one chance for an exam.

- The registrar case team has the mandate to announce the examination schedules and exam administration process at the beginning of each academic year.
- The directorate has a mandate for cancelation and/or re-scheduling HPCALE and any cancelation and re-scheduling should be announced by the registrar case team through print and/or electronic mass media.
- If the candidate failed MCQ or/and OSCE, he/she has additional three attempts for re-examination within two years
- A candidate who fails the examinations can take the examination after 3-months or above after knowing his/her result.
- If the number of candidates who registered to take the exam/re-exam in specific assessment center is below or above the given standard, the directorate has the mandate to relocate the candidate to another assessment center.

4.6. Registration Window (Period)

- The institutional and private applicants should register/schedule their health professionals' competency assessment and licensure examination date as far in advance as possible. This will help to ensure that they get the location, date, and time that they want and help to make certain that they will be able to take the test within the given timetables.
- The time table to registration will wait for 20 working days for in-person applicant and 30 days for online applicants in the notifying time table by MOH on official websites/ notice board or public mass media (print or electronic).
- Registration of candidate is only allowed within registration period as scheduled by the directorate. Late applicant will not be entertained.
- The directorate has the mandate to extend the registration window as needed for not more than 10 working days.
- If the number of applicants is beyond the capacity of the assessment centers, candidates applying for re-examination will be in a waiting list for the next examination schedule. (criteria will be based on first come first serve)
- Those who are in the waiting list can access different examination center if have adequate spaces.

- The registrar shall provide an update of the examination schedule for applicants who are in waiting list 2 weeks before the examination
- Competency assessment in the health professionals take place four times a year and the time table will be announced on the MOH official websites/ notice board or through public mass media.

4.7 Altered documents

- The applicant shall come-up with a court order/legal document on the exam day if he/she changes his/her name after registration.

4.8 Admission card

- The registrar case team shall provide admission card for registered candidates
- Applicants shall bring the admission card on the exam day.
- If the directorate does not prepare admission card, the applicant shall bring a valid passport, valid Kebele ID or driving license ID.

4.9 Fee Chart

No.	Services	Fees
	Application fee	
	Appeals against Licensure examination results	
	Fee for re-issuance competency license	
	Issuing competency Certificates for other entities	

5. Releasing Results, and Appeals

5.1 Releasing Results

- The registrar shall communicate the status of the candidate (PASS/FAIL) within 1-2 months after the completion of the HPCALE

5.2 Appeals Process

If a candidate believes that his/her results were adversely affected by registrars, he/she may submit an appeal in writing within 10 days of exam release. Appeals are reviewed by a special committee at HPCALD whose charge is to review the facts, paperwork, and score tabulations to determine the results. HPCALE special committee is required to complete its review within 15 working days from the time of receiving a formal request.

6. Documentation and Certification

6.1 Documentation

- The documentation system of registrar is both electronic and hard copy.
- The registrar shall document candidates' record, list of simulated patients, list of assessment centers, list of assessors, list of supervisors, list of invigilators, scoring sheet, and other relevant documents.
- The registrar shall use a backup system (hard and soft copy).

6.2 Certification

6.2.1 Eligibility Criteria for Certification

- Applicant must pass both the MCQ and OSCE within two years after graduation

6.2.2 Document required for competency Certification

- Registration Number
- ID/ valid Passport

6.2.3 Certification Process

- Applicant should complete the request form
- Applicant should submit all the required documents
- The registrar case team will prepare and issue the certificates

6.2.4 Re-issuance of Certification Process

- Applicant should complete the request form and pay the fee
- Applicant should submit all the required documents
- The registrar case team will prepare and re-issue the certificates within two days

Requirements for re-issuance of certificate:

- Completed Application form
- Proof of payment
- Evidence from the Police station for a lost document
- ID / valid Passport

> *NB: Up on the request of the applicant for re-issuance of the certificate in case of lost/damage and changes of names will be given as per the determination of the directorate procedure.*

6.3 Document Evaluation

- The registrar shall evaluate/scrutinize the submitted documents and records of the candidate.
- Applicants who completely fulfilled the requirement will be accepted for certification and those who are not fulfilled the required requirement will be communicated the decision of the registrar for possible further action.

6.4 Authentication

6.4.1 Required Document

- Completed Request Form (either manual or electronics)
- Original Certificate
- Official Letter (for Concerned bodies or Organization)
- proof of payment

6.4.2 Authentication Process

- The applicant must complete the request form
- The applicant must submit all the required documents
- For individual applicants, the certificate should be authenticated on the application

- For an organization or other concerned bodies, the authenticated document will be sent to the specified address within two days after the application
- The Register has two (Online and Manual) ways of authenticating certificate.

7. Communication

Registrar case team has two-way internal communications within the directorate case teams and other directorates in ministry, as well as external communication with stakeholders like ESC, HERQA, FMHACA, HEI etc. through the Directorate.

8. Ethical Conduct

- The registrar experts are expected to be ethical in any action that they will perform in relation to the license. Among other things, they are expected to keep the individual's documents confidentially and honestly. In the meantime, he/she is accountable for any illegal action that he/she will commit against the rules and regulation of the directorate.
- Manages the collection, storage, correction, disclosure, and retention of examinees result with proper regard to efficiency, integrity, accuracy, accessibility, privacy, and security.
- Allows only the registrar case team and responsible bodies who have signed the confidentiality agreement to have access to examinees records, disclose examinees records to law enforcement authorities and disclose examinees records to other persons only with the express consent of the examinee concerned; exception to some authorized bodies.
- Examinees record will be given for the concerned bodies which have that legal authority of getting the examinees record

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Annex I: Application/Registration Form for New applicant for HPCALE

1.Applicant Name: _____	Photo Attach a recent passport sized Photograph of yourself here. Please do not staple
2.Fathers Name: _____	
3.Grandfather Name: _____	
4.Date of birth (dd/mm/yyyy): _ _/_ _/_ _ _ _	
5.Gender: Male ☐ Femal ☐	6.Nationality:_____
7.Physical Address: Region_____ Woreda_____ City_____	
8.Telephone_____	9. Email _____
10.Name of Educational Institution _____	11.Physical address of HEIS_____
12. Type: Private ☐ Public ☐	13.Program completed_____ Date of Completion _ _/_ _/_ _ _ _
14. I am applying to take HPCALE for Medicine ☐ Nursir ☐ Health Off ☐ Midwifery ☐ Anesthes ☐ Pharm ☐ Medical Laboratory Technician ☐	
15.Examination Type: for this year only MCQ Both OSCE & MC ☐ Only M ☐ Only OS ☐	
16. Preferred HPCALE Exam date for MCQ: _____ (please refers to the examination schedule stated by the Directorate of Licensure Examination)	
17.Preferred HPCALE Exam date for OSCE: _____ (please refers to the examination schedule stated by the Directorate of Licensure Examination)	
18. Preferred Examination Center: _____ (Please refer to list of accredited HPCALE examination center)	
19. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you	
Required Document	
Completed registration form	
Signed Consent	
Two passport size photo (upload scanned photo)	
ID/ Valid passport	
Proof of payment	
19. SIGNATURE AND DATE: I understand that I am registering to take the HPCALE. I certify that the information I have provided on this registration form is true and complete to the best of my knowledge. I agree to abide by all	

policies concerning the HPCALE and without any imposition I agree to take the exam

Signature: _____   Date: _ _/_ _/_ _ _ _

Annex II: Application/Registration Form for New International applicant for HPCALE

1. Applicant Name: _____ 2. Fathers Name: _____ 3.Grandfather Name: _____ 4. Date of birth (dd/mm/yyyy) : _ _/_ _/_ _ _ _	**Photo** Attach a recent passport sized photograph of yourself here. Please do not staple

5. Gender: Male☐ Femal☐	6. Nationality:_____

7. Physical Address: Region_____   Woreda_____   City_____

8. Telephone_____	9. Email _____

10. Name of Educational Institution_____ 11. Physical address of HEIs_____	Type: Private☐ Public☐

12. Program completed _____	Date of Completion _ _/_ _/_ _ _ _

13. Examination Type: for this year only MCQ

Both OSCE & MCQ   ☐   Only MCQ   ☐   Only OSCE   ☐

14. Preferred HPCALE Exam date for MCQ: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

15. Preferred HPCALE Exam date for OSCE: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

16. Preferred Examination Center: _____

(please refer to list of accredited HPCALE *examination center)*

17. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you

Required Document
Completed registration form
Signed Consent
Two passport size photo (upload scanned photo)

Original certified diploma and Transcript
One Copy of diploma and Transcript
Official transcript from their Institution

Authenticated document by HERQA or concerned bodies (for international applicants)
Valid passport
Proof of application fees/ payment

18. SIGNATURE AND DATE:

I understand that I am registering to take the HPCALE. I certify that the information I have provided on this registration form is true and complete to the best of my knowledge. I agree to abide by all policies concerning the HPCALE and without any imposition, I agree to take the exam.

Signature: _____   Date: Date of Completion _ _/_ _/_ _ _ _

Annex III: Re-exam Application/Registration Form for HPCALE

1. Applicant Name:	**Photo**
2. Fathers Name:	Attach a recent passport sized
3. Grandfather Name:	photograph of yourself here.
4. Date of birth (dd/mm/yyyy): _ _/_ _/_ _ _ _	Please do not staple

5. Gender: Male ☐   Female ☐   6. Nationality:_____

7. Physical Address: Region_____   Woreda_____   City_____

8. Telephone_____   9. Email _____

10. Name of Educational Institution _____   Type: Private ☐   Public ☐

11. Physical address for HEIs_____

12. Program completed---------------   Date of Completion _ _/_ _/_ _ _ _

13. Last test date_____ 13. Registration number: _____ 14. Number of attempt:_____

14. I am applying to take HPCALE for

Medicine ☐   Nursing ☐   Health Officer ☐

Midwifery ☐   Anesthe ☐   Pharmacy ☐

Medical Laboratory Technician ☐

15. Examination Type: for this year only MCQ

Both OSCE & MCQ ☐   Only MCQ ☐   Only OSCE ☐

16. Preferred HPCALE Exam date for MCQ: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

17. Preferred HPCALE Exam date for OSCE: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

18. Preferred Examination Center: _____

(please refer to list of accredited HPCALE *examination center)*

19. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you
Required Document
Completed registration form
Signed Consent
Two passport size photo (upload scanned photo)
Copy of passport valid passport/ID
Proof of application payment
20. SIGNATURE AND DATE:
I understand that I am registering to take the HPCALE. I certify that the information I have provided on this registration form is true and complete to the best of my knowledge. I agree to abide by all policies concerning the HPCALE and without any imposition, I agree to take the exam
Signature: _____   Date_ _/_ _/_ _ _ _

Annex IV: Re-exam Application/Registration Form for International applicant for HPCALE

1. Applicant Name: _____ 2. Fathers Name: _____ 3.Grandfather Name: _____ 4. Date of birth (dd/mm/yyyy) : _ _/_ _/_ _ _ _	**Photo** Attach a recent passport sized photograph of yourself here. Please do not staple

5. Gender: Male☐ Femal☐	6. Nationality:_____

7. Physical Address: Region_____   Woreda_____   City_____

8. Telephone_____   9. Email _____

10. Name of Educational Institution_____ 11. Physical address of HEIs_____	Type: Private☐ Public ☐

12. Program completed_____	Date of completion_____

13. Last test date_____ 12. Registration number: _____13.Number of attempt:_____

14. Examination Type: **for this year only MCQ**

Both OSCE & MCQ ☐   Only MCQ ☐   Only OSCE ☐

14. Preferred HPCALE Exam date for MCQ: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

15. Preferred HPCALE Exam date for OSCE: _____

(please refers to the examination schedule stated by the Directorate of Licensure Examination)

16. Preferred Examination Center: _____

(please refer to list of accredited HPCALE *examination center)*

17. Please make sure you have included the following documents with your application. Failure to do so will result in your application being returned to you

Required Document

Completed registration form

Signed Consent

Two passport size photo (upload scanned photo)

Certified Original diploma and Transcript
One Copy of diploma and Transcript
Official transcript from their Institution

Authenticated document by HERQA *(for international applicants)*	
Copy of valid passport	
Proof of application payment	

18. SIGNATURE AND DATE:

I understand that I am registering to take the HPCALE. I certify that the information I have provided on this registration form is true and complete to the best of my knowledge. I agree to abide by all policies concerning the HPCALE and without any imposition, I agree to take the exam

Signature: _____   Date: _ _/_ _/_ _ _ _

Annex V-: Request form for special Accommodation

Please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 30 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

1. Personal Information

Candidate ID # _____

Requested Test Center: _____

Exam date _____

First Name_____ Middle Name _____ Last Name_____

Region _____ City_____ Woreda _____

Telephone Number_____ Email Address _____

2. Disability information/temporary problems/Disability

Pregnancy ☐   Chronic medical illness (DM, heart disease, epilepsy etc.) ☐

Trauma/Injury ☐   Lactating mother ☐

3. Accommodation request

- Waiting area for baby caregivers/for other conditions ☐
- A favorable environment for pregnant (lift, elevator and Wheelchair& other) ☐
- Wheelchair, elevator, and others (Fractured and disable) ☐
- Candy, water, and others for DM ☐

4. Signature and Date:

I understand that I am registering to take the HPCALE. I certify that the information I have provided on this registration form is true and complete to the best of my knowledge. I agree to abide by all policies concerning the HPCALE.

Signature: _____   *Date: _ _/_ _/_ _ _ _*

Annex VI: Sample Certificate

MINISTRY OF HEALTH

የሙያ ብቃት ማረጋገጫ የምስክር ወረቀት

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ መንግስት የአስፈጻሚ አካላት ስልጣንና ተግባር ለመወሰን በወጣው አዋጅ ቁጥር 707070 አንቀጽ፟፟፟፟ ለጤና ጥበቃ ሚኒስቴር በተሰጠው ስልጣንና ተግባር በተሰጠው ውክልና መሰረት ለአቶ------ ተገቢውን የብቃት ደረጃ አሟልተው ስለተገኙ በ ----- (ነርሲንግ) ሙያ መዝገብ ይህንን የሙያ ብቃት ማረጋገጫ ምስክር ወረቀት ተሰጥቷል፡-

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የኃላፊው ፊርማ   ቀን

ማሳሰቢያ

- የብቃት ማረጋገጫምስክር ወረቀቱ
- በየአምስት አመቱ መታደስ አለበት
- ስምና ፎቶግራፍ ከተገለጸው ሰው በስተቀር ሌላ አካል ሊገለገልበት አይገባም
    - በማንኛውም ምክንያት ቢጠፋ የማሳወቅ ግዴታ አለበት

PROFESSIONAL CERTIFICATE OF COMPTENCE

The Ministry of Health by Virtue Vested in it by Definitions of Power and Duties of the Executive Organs of Federal Democratic Republic of Ethiopia Proclamation Number ---- Article -------

_____

Having fully satisified the requiremnents heere by registered and licensed as Nurse.

_____   _____

Authorised Personal   Date

N.B.

- This certificate shall be renewed every five year
- Is anlawfull if it is found being used anoyher person
- The holder is required to notify as soon as the certificate is lost or missed

Annex V Admission card

Health Professionals' Competency Assessment and Licensing Directorate

Exam Admission Card

Center Number:_____	Cadre:_____			Registration Number _____
Center Of Examination:_____				Number of Attempts_____
	Date Of Examination	Paper	Timing	Photography of Candidate
Candidates Name:_____				
Fathers Name:_____ Grand Fathers Name _____	Question Medium		Date Of Birth	
	English		___/___/____	
Address				
Region _____	Gender		Application No:	
Zone:_____ **Woreda:_____**	Female Male			Signature of the candidate: _____
	State of Eligibility			
Kebele:_____				
Phone number:_____	Category		Person with Disability	
	Directors Signature:_____			