



## POST-KNOWLEDGE ASSESSMENT MEASURE APPLICATION FORM

### APPLICANT DETAILS:

First Name:	Middle Name:	Last Name:
Sex:	Date of birth : __/__/__	Nationality:
ID or Passport Number:	Email Address:	
Telephone1:	Telephone 2:	
Physical address: (1)Province:		(2) District:

### PAST KNOWLEDGE ASSESSMENT INFORMATION

Number of previous knowledge assessment attempts: .....	Date of the last knowledge assessment session :
Marks in previous knowledge assessment session:	

I.....do hereby declare that the information I have supplied on this form and any attachment is complete, correct and up to date.

**Applicant's Signature:** ..... **Date:** \_\_/\_\_/\_\_

### FOR NPC OFFICE USE ONLY

	REQUIREMENTS	Session n	Marks
	Marks in the first knowledge assessment		
	Marks in the second knowledge assessment		
	Marks in the third knowledge assessment		
	<b>Average</b>		



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**RECOMMENDATION:**

- Written examination
- Training program/internship
- Conditional Licensing
- Refusal for registration

Comments:

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Received by: .....

Reviewed by: .....

Approved by: .....

Date \_\_/\_\_/\_\_

Date \_\_/\_\_/\_\_

Date \_\_/\_\_/\_\_

Signature:

Signature:

Signature: