

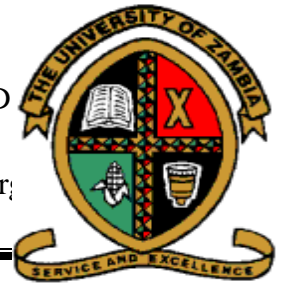
LUAPULA SCHOOL OF HEALTH SCIENCES AND BUSINESS EDUCATION

SCHOOL OF HEALTH SCIENCES



PLOT NO 39394, NAMWANDWE, OFF SAMFYA ROAD
PO BOX 710402, MANSA

Email: lushes2019@gmail.com Website: www.lushes.or;
Contact: (+260) 953108570/ 953108572/ 953108573



SCHOOL OF HEALTH SCIENCES REGISTRATION FORM FOR JAN 2019

A. STUDENT INFORMATION

NEW STUDENT	<input type="checkbox"/>	RETURNING STUDENT	<input type="checkbox"/>	JAN 2018 INTAKE	<input type="checkbox"/>
JULY 2018 INTAKE	<input type="checkbox"/>	SEMESTER ONE	<input type="checkbox"/>	SEMESTER TWO	<input type="checkbox"/>
JAN 2019 INTAKE	<input type="checkbox"/>	JULY 2019 INTAKE	<input type="checkbox"/>	SEMESTER THREE	<input type="checkbox"/>

NAME: S.I.N:

PROGRAMME OF STUDY:

YEAR OF ENTRY: YEAR OF STUDY:

STUDENT'S SIGNATURE: DATE:

B. ACCOUNTS OFFICE (To be filled in by an authorised officer in the accounts office only)

(PLEASE SHOW EVIDENCE OF RECEIPTS)

AMOUNT PAYABLE THIS SEMESTER: ZMK.....

AMOUNT PAID BY THE STUDENT : ZMK.....

BALANCE : ZMK.....

OFFICERS' NAME: SIGNATURE:

C. STUDENT UNIVERSITY AFFILIATION (It is Mandatory to all students)

ZMK 15:00 PER SEMESTER ZMK 30:00 PER YEAR

STUDENT AFFAIRS OFFICER:SIGNATURE:DATE:

Communication to be addressed to the Director-School of Health Sciences



D. DEPARTMENT REQUIREMENTS

A. Equipment

- i. 1x dual stethoscope
- ii. 1 x wrist watch with a second hand
- iii. 1 x small touch for examination
- iv. 1 x thermometer
- v. Diagnostic set

B. Your credentials

- i. Original grade 12 School Certificate, Certified copies of certificates
- ii. Original National Registration Card (NRC), certified copy of NRC
- iii. Four colour passport size photos (IN NATURAL HAIR)

C. Uniform K800 (available from the university)

D. Health Professions Council of Zambia (HPCZ) index fee K350 plus K10 per certificate/statement of results slip.

E. Two boxes of examination gloves

F. 1 box of surgical gloves

G. Stationary

- i. 2 x A4 80gms/m² reams of paper (ROTATRIM ONLY)

H. Produce a Medical Certificate from a public health institution (Government Hospital)

OFFICER NAME:SIGNATURE:DATE:.....

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SCHOOL OF HEALTH SCIENCES DEPARTMENT OF CLINICAL MEDICINE

REGISTERED COURSES YEAR ONE SEMESTER ONE 2019

- | | |
|--|---------------|
| 1. ANATOMY AND PHYSIOLOGY | CODE: ANP 110 |
| 2. MEDICAL BIOCHEMISTRY AND NUTRITION | CODE: MBC 110 |
| 3. BIOMEDICAL SCIENCES | CODE: BMS 110 |
| 4. FUNDAMENTALS OF EMERGENCY MEDICINE | CODE: FEM 110 |
| 5. COMMUNICATION SKILLS AND MEDICAL ETHICS | CODE: CME 115 |
| 6. MEDICAL SOCIO-PSYCHOLOGY | CODE: MSP 115 |

DIRECTOR SoH 'S SIGNATURE:

OFFICIAL STAMP

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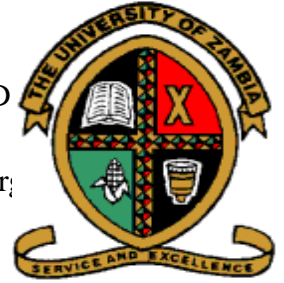
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SCHOOL OF HEALTH SCIENCES DEPARTMENT OF CLINICAL MEDICINE

REGISTERED COURSES YEAR ONE SEMESTER TWO 2019

- | | |
|--|---------------|
| 1. ANATOMY AND PHYSIOLOGY | CODE: ANP 120 |
| 2. MEDICAL BIOCHEMISTRY AND NUTRITION | CODE: MBC 120 |
| 3. BIOMEDICAL SCIENCES | CODE: BMS 120 |
| 4. FUNDAMENTALS OF EMERGENCY MEDICINE | CODE: FEM 120 |
| 5. MEDICAL PHARMACOLOGY & THERAPEUTICS | CODE: PHM 125 |
| 6. INTERNAL MEDICINE 1 | CODE: MED 125 |

DIRECTOR-SoH 'S SIGNATURE:



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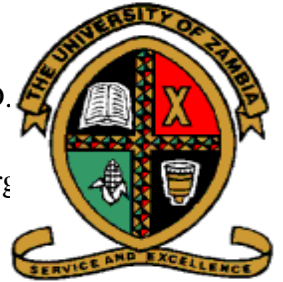


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DEPARTMENT OF CLINICAL MEDICINE

REGISTERED COURSES YEAR 2 SEMESTER 1 2019

- | | |
|---|---------------|
| 7. INTERNAL MEDICINE II | CODE: MED 210 |
| 8. PAEDIATRICS AND CHILD HEALTH | CODE: PED 210 |
| 9. SURGERY | CODE: SGY 210 |
| 10. OBSTETRICS AND GYNAECOLOGY | CODE: OBG 210 |
| 11. MENTAL HEALTH AND CLINICAL PSYCHIATRY | CODE: MHP 210 |
| PUBLIC HEALTH
(Community Health, Primary Health Care & Health Promotion) | CODE: PHC 210 |

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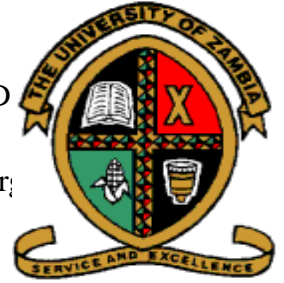
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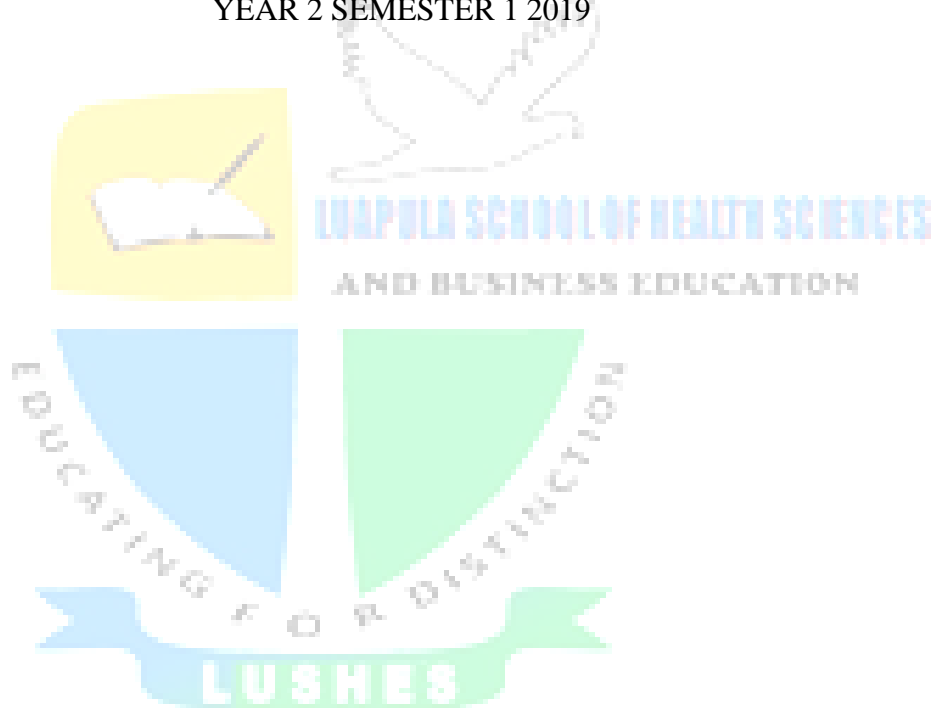
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DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES

REGISTERED COURSES
YEAR 2 SEMESTER 1 2019



DIRECTOR –SoH 'S SIGNATURE:



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