



UGANDA HEALTH PROFESSIONS ASSESSMENT BOARD

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Ministry of Education and Sports

HEALTH TRAINEE IDENTIFICATION NUMBER (HTIN) APPLICATION FORM

(Section D, E and F are filled by Trainees in the final Semester)

All information should be filled in Capital Letters, Fields with a star(*) must be filled.

Affix
photo
here

A. TRAINEE DETAILS

Name*:.....First Name*:

Other Name*: Sex*:..... Age*: Date of Birth*:

Religion*:.....Nationality*

Tel. Contact..... Email Address*:

District of Birth* :County*: Village*:

Learner Identification Number* (LIN): Passport Number:

National Identification Number (NIN)..... (or) Refugee Number

Iconfirm that the information provided above is correct and true *
(Attach relevant documents for evidence)

Trainee's Signature*:

B. HEALTH TVET PROVIDER INSTITUTION

Name of TVET Provider Institution*:

UHPAB Assessment Centre No*:

Trainee's Program*:

Enrollment Date*: Expected Completion Date*:.....

Highest level of Formal Education*:

C. HEALTH TVET PROVIDER INSTITUTION AUTHORITY

Before filling this section, you are reminded to check and confirm that the Trainee qualifies to join the program of enrollment and that the information provided is true and complete.

Principal's Name*: Signature*:

Date:..... (Affix official Stamp)

NOTE: This form must be forwarded to UHPAB office within 4 weeks of Enrollment. A passport size photograph with white background, together with photocopies of Academic documents issued by a national Examination/Assessment Board should be attached.

