



Republic of Zambia

**NATIONAL HEALTH RESEARCH AUTHORITY**

Regulations on Registration and Accreditation of Health Research Ethics  
Committees, Research Institutions and Health Researchers

**2016**

**The National Health Research Act**  
**(Act No. 2 of 2013)**

National Health Research (registration and accreditation of health research ethics committees,  
research institutions and health researchers) Regulations, 2016.

**IN EXERCISE** of the powers contained in section Sixty-three of the National Health Research Act, the following regulations are made:

- |                              |   |
|------------------------------|---|
| Title                        | 1. These Regulations may be cited as National Health Research (registration and accreditation of health research ethics committees, research institutions and health researchers) Regulations, 2016.  |
| Interpretation               | 2. In these regulations unless the context otherwise requires:<br>“Authority” has the meaning assigned to it in the Act;<br>“Certificate of accreditation” means an official document issued under section <u>eighteen</u> of the Act as formal recognition of competence to perform health research and health research related tasks.<br>“Certificate of registration” means an official document issued under section <u>eighteen</u> stating that a health research ethics committee, research institution or health researcher has provided all the necessary information for a record of registration;<br>“Register” means a book in which records of health research ethics committees, research institutions and health researchers are kept.<br>“Standard operating procedures” means written instructions intended to document how to perform a routine activity. |
| Application for registration | 3. (1) An application for registration of health research ethics committees, research institutions and health researchers shall be made in Form I set out in the First Schedule upon payment of a prescribed fee.   |

Certificate of registration	(2) The Authority shall, where it accepts an application, inform the applicant in Form II set out in the First Schedule within thirty days of receipt of the application.
Suspension of certificate of registration	(3) The Authority shall, where it rejects an application, inform the applicant in Form III set out in the First Schedule within thirty days of receipt of the application.
Revocation of certificate of registration	<p>4. The Authority shall issue the successful applicant with a certificate of registration in Form IV set out in the First Schedule.</p> <p>5. (1) The Authority may, by stating reason(s) in writing, suspend the registration of a health research ethics committee, research institution or health researcher.</p> <p>(2) Where the registration of a research institution or health researcher is suspended in accordance with sub-section (1), all research activities must cease forthwith.</p> <p>(3) Where the registration of a health research ethics committee is suspended in accordance with sub-section (1), the Board shall transfer all research protocols under review of that committee to another accredited ethics committee.</p>
Restoration of certificate of registration	<p>6. (1) The Authority may, by stating reason(s) in writing, revoke the registration of a health research ethics committee, research institution or health researcher.</p> <p>(2) Where the registration of a research institution or health researcher is revoked in accordance with sub-section (1), all research activities must cease forthwith.</p> <p>(3) Where the registration of a health research ethics committee is revoked in accordance with sub-section (1), the Board shall transfer all research protocols under review of that committee to another accredited ethics committee.</p>
Application for accreditation or	<p>7. A suspended or revoked registration certificate may be restored where the Authority is satisfied with the corrective and preventive actions undertaken by the registration certificate holder upon payment of a prescribed fee.</p> <p>8. (1) An application for accreditation or renewal of accreditation of health research ethics committees, research institutions and health researchers</p>

- renewal of accreditation shall be made in Form V set out in the First Schedule upon payment of a prescribed fee.
- (2) The validity period of accreditation shall be for a period not exceeding 3 years
- (3) The Authority shall, where it accepts an application for accreditation or renewal of accreditation, inform the applicant in Form VI set out in the First Schedule within thirty days of receipt of the application.
- (4) The Authority shall, where it rejects an application for accreditation or renewal of accreditation, inform the applicant in Form VII set out in the First Schedule within thirty days of receipt of the application.
- Certificate of accreditation 9. The Authority shall issue the successful applicant with a certificate of accreditation or renewal of accreditation in Form VIII set out in the First Schedule.
- Suspension of certificate of accreditation 10. (1) The Authority may, by stating reason(s) in writing, suspend the accreditation of a health research ethics committee, research institution or health researcher.
- (2) Where the accreditation of research institution or health researcher is suspended in accordance with sub-section (1), all research activities must cease forthwith.
- (3) Where the accreditation of a health research ethics committee is suspended in accordance with sub-section (1), the Board shall transfer all research protocols under review of that committee to another accredited ethics committee.
- Revocation of certificate of accreditation 11. (1) The Authority may, by stating reason(s) in writing, revoke the accreditation of a research institution or health researcher.
- (2) Where the accreditation of a research institution or health researcher is revoked in accordance with sub-section (1), all research activities must cease forthwith.
- (3) Where the accreditation of a health research ethics committee is revoked in accordance with sub-section (1), the Board shall transfer all research protocols under review of that committee to another accredited ethics committee.

- Restoration of certificate of accreditation
12. A suspended or revoked accreditation certificate may be restored where the Authority is satisfied with the corrective and preventive actions undertaken by the accreditation certificate holder upon payment of a prescribed fee.
- Levels of accreditation
13. (1) The Authority shall, where the research institution or health establishment meets the requirements, issue an accreditation certificate according to the following levels:
- (a) Level 1, for a Health Research Ethics Committee within one year of existence which shall review research protocols that are no more than minimum risk to research participants;
  - (b) Level 2, for a Health Research Ethics Committee which shall review all types of research protocols except clinical and vaccine trials; and
  - (c) Level 3, for a Health Research Ethics Committee which shall review all types of research protocols including clinical and vaccine trials.
- (2) The Authority shall issue guidelines for each level of accreditation
- (3) The Authority shall suspend or revoke, at any time, the accreditation of any Health Research Ethics Committee if they approve any research protocol outside the level of accreditation.
- Variation of accreditation level
14. (1) A holder of an accreditation certificate may, at any time during the validity of the accreditation certificate, apply to the Authority for the variation of the level of accreditation.
- (2) An application for a variation relating to an accreditation certificate shall be made in Form IX set out in the First Schedule and in accordance with the guidelines on variations as issued by the Authority from time to time upon payment of a prescribed fee.
- (3) Where the Authority is satisfied with the application and accompanying information, the Authority may approve the variation and communicate to the holder of a certificate of accreditation within thirty days from date of receipt of the application.

	(4) A holder of a certificate of accreditation shall not implement any variation relating to the record of the certificate of accreditation without notification and prior approval of the Authority.
Functions of Health Research Ethics Committee	<p>15. (1) A Health Research Ethics Committee shall :</p> <p>(a) promote the rights, dignity and welfare of research participants</p> <p>(b) ensure that the terms and conditions of the Accreditation Certificates issued by the accredited Health Research Ethics Committee on behalf of the Board are adhered to;</p> <p>(c) review, approve or disapprove research protocols;</p> <p>(d) maintain records of approved research protocols;</p> <p>(e) monitor the conduct of research in the institution or field;</p> <p>(f) submit annual reports to the Authority.</p>
Certificate of appointment	16. The Authority shall provide an inspector with a certificate of appointment in Form X set out in the First Schedule.
Register of health research ethics committees and health researchers	<p>17. (1) The Authority shall keep and maintain a register of health research ethics committees and health researchers in the custody of the Director at the offices of the Authority.</p> <p>(2) The register referred to in sub-section (1) shall be open for inspection by the public during normal office hours of the Authority upon payment of such fee as the Authority may determine.</p> <p>(3) The Director may, upon application by any person, issue to the person a certified copy of the Register, or a copy of a certificate of registration, upon payment of such fee as the Authority may determine.</p>
Fees	18. The fees set out in the Second Schedule are the prescribed fees for the matters specified in the schedule.



# **NATIONAL HEALTH RESEARCH AUTHORITY**

Regulations on Registration and Accreditation of Health Research Ethics  
Committees, Research Institutions and Health Researchers

## **FIRST SCHEDULE**

**2016**



**THE NATIONAL HEALTH RESEARCH AUTHORITY**  
**The Health Research Act**  
 (Act No. 2 of 2013)

**Form I**

Health Research (Registration and Accreditation of health research ethics committees,  
 research institutions and health researchers) Regulations, 2016.

**APPLICATION FOR REGISTRATION**

**1. APPLICANT DETAILS**

**PART A1. Health Research Ethics Committee**

Name of Ethics Committee	
Institutional Affiliation	
Physical address	
Postal address	
Phone	
Fax	
Email	
Level applied for	
Chairperson	Title ( <i>Tick[✓] where applicable</i> ) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prof. Dr. Mr. Mrs. Ms.
	Surname
	Forename(s)
	Phone:
	Email:
	Address:
	Administrator
	Surname
	Forename(s)
	Phone:
	Email:
	Address:

## A2. Supporting documents - REC

Document	Attached Yes/No	Comment
Registration Certificate		
List of the members of research ethics committee		
Composition of research ethics committee as provided for in attachment 1		
Curriculum vitae of members of the research ethics committee		
Evidence of ethics training, undertaken within the last three years		
Signed statement of commitment by the head of institution to conduct health research in accordance with the National Health Research Act No. 2 of 2013		
Declarations of conflict of interest		
Standard operating procedures		
Protocol and consent forms template		
Fee structure		

## A3. Type of research to be reviewed

Biomedical research	
Social research	
Other (Specify)	

## B1. Health Research Institution

Name of institution	
Type of institution (Tick where applicable)	Public <input type="checkbox"/> Private <input type="checkbox"/>
Registration number (e.g. PACRA, HPCZ etc)	
Physical address	
Postal address	
Phone	
Fax	
Email	

## B2. Supporting documents for Research Institution

Document	Attached Yes/No/NA	Comment
Registration Certificate		
Letter from accredited health research ethics committee		

Composition of research ethics committee as provided for in attachment		
Curriculum vitae of members of the research ethics committee		
Evidence of ethics training, undertaken within the last three years		
Signed statement of commitment by the head of institution to conduct health research in accordance with the National Health Research Act No. 2 of 2013		
Declarations of conflict of interest		
Curriculum vitae of research staff		
Standard operating procedures		
Protocol and consent forms template		
Fee structure		

**C1. Health Researcher – Investigator/Principal Investigator**

Title ( <i>Tick[✓] where applicable</i> )	Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Surname	
Forename(s)	
Nationality	
National identification number:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Qualification(s)	
Institutional affiliation	
Physical address	
Postal address	
Phone	
Fax	
Email	

**C2. Supporting documents for health researchers - Investigator/Principal Investigator**

Document	Attached Yes/No/NA	Comment
Professional registration certificate		
Curriculum vitae		
Evidence of ethics training, undertaken within the last three years		
Declarations of conflict of interest		
NHRA Researcher's Certificate (mandatory)		

**D1. Research Assistant**

Title ( <i>Tick[✓] where applicable</i> )	Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Surname	
Forename(s)	
Nationality	
National identification number:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Qualification(s)	
Institutional affiliation	
Physical address	
Postal address	
Phone	
Fax	
Email	

**D2. Supporting documents for Research Assistants**

Document	Attached Yes/No/NA	Comment
Professional registration certificate		
Curriculum vitae		
Evidence of ethics training, undertaken within the last three years		
Declarations of conflict of interest		
NHRA Research Assistant's Certificate (mandatory)		

**2. DECLARATION AND SIGNATURE**

I..... declare that the information provided in this application and attachments contained therein, are true to the best of my knowledge. Further, I acknowledge that submission of false information shall render the application void, and may result in a fine or being banned from conducting research in Zambia.

**Details of Person Signing the Application**

- a) Name: .....
- b) Designation: .....
- c) Signature: .....                      d) Date: ...../...../..... (dd/mm/yyyy)

**FOR OFFICAL USE ONLY**

Date of receipt of application:	<input type="text"/>	Payment receipt number:	<input type="text"/>
Registration number:	<input type="text"/>	Completeness of application: YES	<input type="checkbox"/> No <input type="checkbox"/>

**General comments**

.....  
 .....

Name of reviewer .....

Signature.....

Date.....

### Attachment 1: Composition of Research Ethics Committee

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	

Name of person	
Profession	
Institutional affiliation	
Qualification(s)	
Physical address	
Phone	
Email	



**THE NATIONAL HEALTH RESEARCH AUTHORITY**  
**The Health Research Act**  
(Act No. 2 of 2013)

**Form II**

**Health Research (Registration and Accreditation) Regulations, 2016.**

**NOTICE OF GRANT OF REGISTRATION**

To.....

IN THE MATTER OF.....

You are hereby notified that your application for registration has been accepted on the following conditions:

- (a) This Registration is not transferrable in any way.
- (b) There is adherence to the provisions in the Health Research Act No. 2 of 2013, National Health Research Authority Council Guidelines and other regulations.
- (c) Failure to adhere to Guidelines and the Health Research Act No. 2 of 2013 and other regulations would lead to revocation of this certificate.
- (d) In the event that the registration certificate is revoked, you are expected to surrender the certificate and this notice back to the National Health Research Authority.

Dated this .....day of.....20.....

Signed:

.....  
Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY**  
**The Health Research Act**  
(Act No. 2 of 2013)

**Form III**

**Health Research (Registration and Accreditation) Regulations, 2016.**

**NOTICE OF REJECTION OF REGISTRATION**

To.....

In the matter of.....

You are notified that your application for..... has been  
rejected on the following grounds:.....

.....

.....

Dated this .....day of..... 20.....

Signed:

.....

Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY**  
**The Health Research Act**  
(Act No. 2 of 2013)

**Form IV**

**CERTIFICATE OF REGISTRATION**

This is to certify that

.....

has been registered as a

.....

Dated this .....day of..... 20.....

Signed:

.....

Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY** **Form V**  
**The Health Research Act**  
(Act No. 2 of 2013)

**Health Research (Registration and Accreditation) Regulations, 2016.**

**APPLICATION FOR ACCREDITATION OR RENEWAL OF ACCREDITATION**

[Please tick] **Zambian Applicant**  **Non-Zambian Applicant**

Type of Application: **1. Initial**  **2. Renewal**

Level of Accreditation applied for: .....

**Please write in BLOCK LETTERS**

**3. APPLICANT DETAILS**

**(a) Head of Institution**

Title ( <i>Tick[✓] where applicable</i> )	Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Surname	
Forename(s)	
Qualification(s)	
Physical address	
Postal address	
Phone	
Fax	
Email	

**(b) Details of Research Institution**

Name of institution	
Type of institution (Tick were applicable)	Public <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
If other( please specify)	.....
Registration number of Institution	
Physical address	
Postal address	
Phone	
Fax	
Email	

**(c) Details of Research Ethics Committee**

Name of Ethics Committee	
Physical address	
Postal address	
Phone	
Fax	
Email	

**(d) Type of research to be reviewed**

Biomedical research	
Social research	
Other (Specify)	

**4. SUPPORTING DOCUMENTATION**

<b>Document</b>	<b>Attached Yes/No</b>	<b>Comment</b>
Covering letter		
Registration certificate		
Signed statement of commitment by the head of institution to conduct health research in accordance with the National Health Research Act No. 2 of 2013		
Declarations of conflict of interest		
Adequate and appropriate infrastructure to conduct research		
Curriculum vitae of research staff		

**5. In the preceding year**

Number of Grants received	
Value of Grants received	
Number of publications	
Trainings	GCP <input type="checkbox"/> Number conducted <input type="checkbox"/> Ethics <input type="checkbox"/> Number conducted <input type="checkbox"/> Other <input type="checkbox"/> Number conducted <input type="checkbox"/> If other, please specify.....

**6. DECLARATION AND SIGNATURE**

I.....declare that the information provided in this application and the attachments contained therein, are true to the best of my knowledge. Further, I acknowledge that submission of false information shall render the application void, and may result in a fine or being banned from conducting research in Zambia.

**Details of Person Signing the Application**

d) Name:  
 .....

e) Designation:  
 .....

f) Signature: .....                      d) Date: ...../...../.....  
 (dd/mm/yyyy)

**FOR OFFICAL USE ONLY**

<i>For office use only</i>			
Date of receipt of application:	<input type="text"/>	Payment receipt number:	<input type="text"/>
Registration number:	<input type="text"/>	Completeness of application: YES	<input type="checkbox"/>
		No	<input type="checkbox"/>

**General comments**

.....

.....

Name of reviewer .....

Signature.....

Date.....



**THE NATIONAL HEALTH RESEARCH AUTHORITY**      **Form VI**  
**The Health Research Act**  
(Act No. 2 of 2013)  
**Health Research (Registration and Accreditation) Regulations, 2016.**

**NOTICE OF GRANT OF ACCREDITATION TO ETHICS COMMITTEE**

To.....

IN THE MATTER OF.....

You are notified that your application for accreditation has met requirements for accreditation.

Therefore, your institution has been granted **LEVEL .....** **ACCREDITATION** for the period From .....to..... on the following conditions:

- (a) Renewal is done three months before the expiry date.
- (b) This accreditation certificate is not transferrable.
- (c) There is adherence to the provisions in the Health Research Act No. 2 of 2013, National Health Research Authority Council Guidelines and other regulations.
- (d) Failure to adhere to Guidelines and the Health Research Act No. 2 of 2013 and other regulations would lead to revocation of this certificate.
  - (e) In the event that the certificate of accreditation is revoked, you are expected to surrender the certificate and this notice back to the National Health Research Authority.

Date this .....day of..... 20.....

Signed :

.....  
Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY**

**Form VII**

**The Health Research Act**

(Act No. 2 of 2013)

**NOTICE OF REFUSAL TO GRANT ACCREDITATION TO ETHICS COMMITTEE**

To.....

In the matter of.....

You are notified that your application for..... has been  
rejected on the following grounds:.....

.....

.....

Dated this .....day of..... 20.....

Signed:

.....

Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY**

**Form VIII**

**The Health Research Act**

(Act No. 2 of 2013)

**Health Research (Registration and Accreditation) Regulations, 2016.**

**CERTIFICATE OF ACCREDITATION**

This is to certify that

.....

is **ACCREDITED** by the  
**National Health Research Authority of Zambia**

as a

.....

for the period from January to December 20 .....

Date this .....day of..... 20.....

Signed :

.....

Director



**THE NATIONAL HEALTH RESEARCH AUTHORITY**      **Form IX**  
**The Health Research Act**  
 (Act No. 2 of 2013)

**Health Research (Registration and Accreditation) Regulations, 2016.**

**APPLICATION FOR VARIATION OF ACCREDITATION**

[Please tick] **Zambian Applicant**  **Non-Zambian Applicant**

1. Current level of Accreditation: .....
2. Level of Accreditation applied for: .....

**Please write in BLOCK LETTERS**

**3. APPLICANT DETAILS**

**(a) Head of Institution**

Title ( <i>Tick[✓] where applicable</i> )	Prof <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Surname	
Forename(s)	
Qualification(s)	
Physical address	
Postal address	
Phone	
Fax	
Email	

**(b) Details of Research Institution**

Name of institution	
Type of institution ( <i>Tick were applicable</i> )	Public <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/>
If other( please specify)	.....
Registration number of Institution	
Physical address	
Postal address	
Phone	

Fax	
Email	

**(c) Details of Research Ethics Committee**

Name of Ethics Committee	
Physical address	
Postal address	
Phone	
Fax	
Email	

**(d) Type of research to be reviewed**

Biomedical research	
Social research	
Other (Specify)	

**4. SUPPORTING DOCUMENTATION**

Document	Attached Yes/No	Comment
Covering letter		
Registration certificate		
Signed statement of commitment by the head of institution to conduct health research in accordance with the National Health Research Act No. 2 of 2013		
Declarations of conflict of interest		
Adequate and appropriate infrastructure to conduct research		
Curriculum vitae of research staff		

**5. In the preceding year**

Number of Grants received	
Value of Grants received	
Number of publications	
Trainings	GCP <input type="checkbox"/> Number conducted <input type="checkbox"/> Ethics <input type="checkbox"/> Number conducted <input type="checkbox"/> Other <input type="checkbox"/> Number conducted <input type="checkbox"/> If other, please specify.....

**6. DECLARATION AND SIGNATURE**

I.....declare that the information provided in this application and the attachments contained therein, are true to the best of my knowledge. Further, I acknowledge that submission of false information shall render the application void, and may result in a fine or being banned from conducting research in Zambia.

**Details of Person Signing the Application**

g) Name:

.....

h) Designation:

.....

i) Signature: .....

d) Date: ...../...../.....

(dd/mm/yyyy)

**FOR OFFICAL USE ONLY**

<i>For office use only</i>					
Date of receipt of application:	<input type="text"/>	Payment receipt number:	<input type="text"/>		
Registration number:	<input type="text"/>	Completeness of application: YES	<input type="checkbox"/>	No	<input type="checkbox"/>

**General comments**

.....  
.....

Name of reviewer .....

Signature.....

Date.....



**THE NATIONAL HEALTH RESEARCH AUTHORITY**      **Form X**  
**The Health Research Act**  
(Act No. 2 of 2013)  
**Health Research (Registration and Accreditation) Regulations, 2016.**

**INSPECTOR CERTIFICATE**

This is to certify that

.....

Has been **APPOINTED** by the  
**National Health Research Authority of Zambia** as

.....

for the period from January to December 20 .....

Date this .....day of..... 20.....

Signed :

.....

Director



# **NATIONAL HEALTH RESEARCH AUTHORITY**

**Health Research (Registration and Accreditation) Regulations**

## **SECOND SCHEDULE**

**FEES**

**2016**



REGISTRATION AND ACCREDITATION FEES					
S/No.	Description	ZAMBIAN		FOREIGN	
		Application Fees (Fee Units)	Application Fees (Zambian Kwacha)	Application Fees (Fee Units)	Application Fees (Zambian Kwacha)
1.	Application for registration of a Researcher	3,400	1,020	6,800	2,040
2.	Application for registration of a Research Assistant	850	255	1,700	510
3.	Application for registration of a health research ethics committee	6,700	2,010	13,400	4,020
4.	Application for registration of a health research institution	6,700	2,010	13,400	4,020
5.	Inspection fee	23,400	7,020	46,800	14,040
6.	Re-inspection fee	23,400	7,020	46,800	14,040
7.	Application of accreditation of a Researcher	2,500	750	5,000	1,500
8.	Application for accreditation of a Research Assistant	625	188	1,250	376
9.	Application of accreditation of a health research ethics committee	8,350	2,520	16,700	5,040
10.	Application of accreditation of a research institution	8,350	2,520	16,700	5,040
11.	Application of renewal of accreditation of a researcher	1,000	300	2,000	600
12.	Application of renewal of accreditation of a health research ethics committee	5,000	1,500	10,000	3,000
13.	Application of renewal of accreditation of a research institution	5,000	1,500	10,000	3,000
14.	Restoration of suspended or revoked certificate	33,500	10,050	67,000	20,100
15.	Application for variation of accreditation certificate	23,400	7,020	46,800	14,040
16.	Inspection of register of health research ethics committees and health researchers	350	105	700	210
17.	Issue of certified copy of the register of health research ethics committees and health researchers	350	105	700	210

**N.B:** One Fee Unit = ZMW 0.30