

# ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

## PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2022

### INSTRUCTIONS

PLEASE NOTE THIS INFORMATION WILL BE USED FOR THE DIGITAL PLATFORM WE ARE INTRODUCING IN THE NEAR FUTURE. KINDLY ENSURE ACCURACY (ESPECIALY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

<b>1. BASIC INFORMATION</b>	
Full Name – as on ID (Start with surname)	CARMILLE JADA NDLOVU
Profession	AMBULANCE TECHNICIAN
AHPCZ Registration Number	A / AT 4990
Phone Number	0774 407715
Email Address	carmillejada@gmail.com
ID - Number	SG - 2017773 H 79
Date of Birth	20/09/2002
<b>2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate</b>	
a. Main Register	
b. Internship	✓
c. Provisional	
<b>1. PRACTISING STATUS (TICK WHERE APPLICABLE)</b>	
a. Practising in Zimbabwe	✓
b. Practising Out of Zimbabwe	
i. Maintenance only	
ii. Requires Practising Certificate	
c. Not Practicing	
i. Maintenance Only	
ii. Requires Practising Certificate (Pays Standard Fee)	
<b>2. CPD POINTS ATTAINED (for selected professions)</b>	
<b>3. PAYMENT DETAILS</b>	
a. Amount Paid and Code of payment	ZWLGH7R2 BPR30R27014R70K5817
b. Date of Payment	27/2/2023
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	ECOCASH

DATE 27/2/23

SIGNATURE

C. Ndlovu

1. Kindly save the document in your name eg. 'Mateka Telmore Radiographer Renewal 2021'