

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Number 10, West Wing, Strathaven Plaza, Strathaven
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E-mail: admin@ahpcz.co.zw Website: www.ahpcz.co.zw

PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2019

SECTION A		PERSONAL INFORMATION	
Profession	RADIOGRAPHY		
AHPCZ Registration Number	192792	Initial Registration Date	1988
Title (Miss, Mr, Ms, Dr, Prof Etc)	MISS	Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Full Name (Start with surname)	MUKAPATI CATHERINE		
Date Of Birth	03.05.1963	ID Number	25-070338-25
Residential Address	House No 2880 Unit C Sere Chimukwira		
Postal Address	AS RESIDENTIAL		
Contact Numbers	0773 789 825 0717 882 816	Email Address	cmukapath@dic.co.zw
Next of kin	Name WILLIAM MAKADZANGE	Relationship Husband	Contact 0712 214 611
SECTION B		EMPLOYMENT DETAILS	
Current Employer	DR. N.D. JONDER DIAGNOSTIC IMAGING CENTRE PT LTD.		
Job Title			
Employer's Address	17 LANARK RD BELGRADE HBE		
Employer's Contact Number	70145516	Email Address	
Private practice name	Name & address D.I.C. 17 LANARK RD	Email address	Contacts
SECTION C		DECLARATIONS	
Has any licensing board other than the AHPCZ initiated an investigation or taken any disciplinary action against any of your licenses since you last applied for renewal of this license?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If YES briefly explain here and attach detailed explanation and a copy of the final order or settlement agreement	
In the last 12 months have you been arrested, charged with indicted for, or under investigation for misdemeanor or felony requiring resolution in the courts?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If YES briefly explain here and attach detailed explanation	
Have you been charged with, convicted of, or pled guilty or nolo contendere to a misdemeanor or felony since you last applied for renewal of this license?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If YES briefly explain here and attach detailed explanation and a copy of the police and court records relating to the conviction	
No of CPD Points Attained	61	Required Points fulfilled	<input checked="" type="radio"/> Yes <input type="radio"/> No

DATE 11-01-2023

SIGNATURE *[Signature]*

By signing this form you are confirming that you have given AHPCZ accurate information regarding your practise and status.
Giving inaccurate or misleading information can lead to disciplinary processes which may affect your registration status.
The AHPCZ may carry out regulatory checks when processing this application.

NAME CATHERINE MUKORATI

	Continuous Educational Categories	Points Awarded	
1.	1hr educational lecture	1	2 points will be awarded to presenter. The education liaison committee are supposed to confirm the authenticity of the lecture.
2.	1 day seminar	8	
3.	Publishing an article	20	First author gets 20 points Other listed authors get 10 points
4.	Annual Congress	8	Presenter gets 16 points
5.	Morning Seminar	5	The morning is defined at 8am to 12 noon
6.	Afternoon Seminar	3	The afternoon is defined from 2pm to 4/5pm
7.	Achieving an extra qualification	20	The qualification should be in line with continuous health education
8.	Presenting a paper at a workshop or seminar	10	Seminar should be in line with continuous health education
9.	Review of journal article or research proposal	10	Lecturer should not claim points from reviewing proposals of their students which is part of their job
10.	Participation in examinations/evaluations /assessments	10	Same as in 9. One can claim points only if they are invited as a guest to evaluate or assess students other than those they teach.
11.	Direct mentoring or supervision of students	1	The points are allocated per day so it is 1 point/day

NAME

[illegible]

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CERTIFICATE OF ATTENDANCE

This is to Certify
Ms Catherine Mukarati
R192792

Attended
PASCAR & PANPACH Webinar on Cardiac CT in CHD

9 June 2022

Accreditation Number	Level	Activity	CEU
MDB015/MPDP/084/11	1	General	2
		Ethics	0
		Presenter	0
		Total	2

Accredited By: The South African Medical Association

Signed

Society Representative
Date: 8 July 2022

Disclaimer: This CPD Certificate does not reflect competence or if the training and educational activity attended is within your



This document serves to acknowledge that

Catherine Mukarati

Has completed the following training:

IRay User Training

X

Chantal Treptow
Application Specialist

X

Jacques Mong
Product Manager

Registration No: 2017/097295/07
Private Bag X169, Halfway House 1685
AXIM House, 63 Old Pretoria Road, Halfway House, Ext. 2, Midrand, South Africa
Tel: +27 (0) 11 314 0140 * Fax: +27 (0) 11 314 0141
Directors: B.A. Edwards, L.T. Fataar*, M.P. Goldberg CA(SA), O.E. Goldberg CA,CPA, S.B. Mdllalose, M.M. Thoubatla



ZIMBABWE MEDICAL ASSOCIATION
MATEBELELAND BRANCH

THIS IS TO CERTIFY THAT

CATHERINE MUKARATI

Attended a ZIMA C.M.E

Theme: 'Medical Grand Round'
on the 19th of March 2022

And Attained 5 Continuous Medical
Education (C.M.E) Points



Certificate sponsored

A handwritten signature in dark ink, appearing to read "A. Chakanyuka", is written over a rectangular stamp area.

DR A CHAKANYUKA
ZIMA VICE PRESIDENT



Certificate of completion:
Applications Training

by

Catherine Mukarati

for the product:
uDR 596i

Date of Completion:

10/11/2022