

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

CURRENT RESTORATION FORM – YEAR 2023

INSTRUCTIONS

KINDLY ENSURE ACCURACY (ESPECIALY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

1. a. CPD points – depending with profession, if you were practising/not practising but locally based
OR
b. Registration and Practising certificate from Practising country if practising out of Zimbabwe
2. Restoration fee applies depending with your Tier

1. BASIC INFORMATION	
Full Name – as on ID (Start with surname)	Mushananga Munyaradzi
Profession	Emergency Medical Technician
AHPCZ Registration Number	A-EMT 0104
Phone Number	+263 71 880 6635
Email Address	emtushananga@gmail.com
ID - Number	68-051325 F68
2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate	
a. Main Register	Main Register
b. Internship	
c. Provisional	
1. PRACTISING STATUS (TICK WHERE APPLICABLE)	
a. Practising in Zimbabwe	
b. Practising Out of Zimbabwe	
i. Maintenance only	
ii. Requires Practising Certificate	Requires Practising Certificate
c. Not Practicing	
i. Maintenance Only	
ii. Requires Practising Certificate (Pays Standard Fee)	
2. CPD POINTS ATTAINED (for selected professions)	30
3. PAYMENT DETAILS	
a. Amount Paid and Code of payment	US\$67.00 Receipt No. 8622
b. Date of Payment	21/03/2023
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	Cash

DATE: 24/03/2023

SIGNATURE: