

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)	BEAUTY GUMBO
Profession	RADIOGRAPHER
AHPCZ Registration Number	144430
Phone Number	0771908350
Email Address	bgumbo57@gmail.com
ID - Number	08-301644A-03

2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate

a. Main Register	X
b. Internship	
c. Provisional	

1. PRACTISING STATUS (TICK WHERE APPLICABLE)

a. Practising in Zimbabwe	X
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)	

2. CPD POINTS ATTAINED (for selected professions) 52

3. PAYMENT DETAILS

a. Amount Paid and Code of payment	ZWL54585
b. Date of Payment	23/03/2023
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	ZIPIT

DATE.....30/03/2023.....

SIGNATURE

