

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

1. BASIC INFORMATION	
Full Name – as on ID (Start with surname)	Ngwenya Esther Phethinkosi
Profession	Nutritionist
AHPCZ Registration Number	A/N 0201
Phone Number	0775264248
Email Address	estherpngwenya@gmail.com
ID - Number	08-931878M58
Date of Birth	23 July 1995
2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate	
a. Main Register	<input checked="" type="checkbox"/>
b. Internship	<input type="checkbox"/>
c. Provisional	<input type="checkbox"/>
1. PRACTISING STATUS (TICK WHERE APPLICABLE)	
a. Practising in Zimbabwe	<input type="checkbox"/>
b. Practising Out of Zimbabwe	<input type="checkbox"/>
i. Maintenance only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
c. Not Practicing	<input type="checkbox"/>
i. Maintenance Only	<input checked="" type="checkbox"/>
ii. Requires Practising Certificate (Pays Standard Fee)	<input type="checkbox"/>
2. CPD POINTS ATTAINED (for selected professions)	
3. PAYMENT DETAILS	
a. Amount Paid and Code of payment	RGT\$25 830, BP220524.0616.L64595.
b. Date of Payment	24 May 2022
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	Ecocash

DATE: 24/05/2022

SIGNATURE: E.P.N

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