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)	Terrence MacDonald Chindungue	
Profession	Ambulance lechnoian	
AHPCZ Registration Number	A/A; 4065	
Phone Number	0771 909 426	
Email Address	www.terrychiss is @qmnil.com	
ID - Number	74 - 29 14 01 DH7	
Date of Birth	12 04 1992	
2. REGISTERED CATEGORY (TICK WHE Registration Certificate	RE APPLICABLE)- Verify your registered category on your	
a. Main Register		
b. Internship		
c. Provisional		
1. PRACTISING STATUS (TICK WHERE A	PPLICABLE)	
a. Practising in Zimbabwe		
b. Practising Out of Zimbabwe		
i. Maintenance only		
ii. Requires Practising Certificat	e	
c. Not Practicing		
i. Maintenance Only		
ii. Requires Practising Certificate	e (Pays Standard Fee)	
2. CPD POINTS ATTAINED (for selected	professions) 35 points	
3. PAYMENT DETAILS		
a. Amount Paid and Code of payment		
b. Date of Payment	10 03 2023	
c. Payment Platform (Ecocash/ CBZ/SC	B/Nostre)	

DATE 13 03 2023

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

NAME: Terrence MacDonald
PHYSICAL ADDRESS: 3788 Junbalanda Bulgways
PHYSICAL ADDRESS: 3788 Junbalanda Bulawayo. POSTAL ADDRESS: 3788 Sunbalanda Bulawaya
Bulgwaya
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CELL: 07711909426
EMAIL: www. terrychiss 12 @ gmail. com
ID NUMBER: 29-291401 247
PROFESSION: Ambulance Technician
REG NO: A AT HOBS
PRACTISING NUMBER:
SIGNATURE: Phindungue

Date	Category	Topic	Stamped/Signed by
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			p.O. Box 113360 Highlands, Harare