



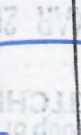

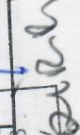



Name: CHUPIKASI MAWADU

Date	CME Category	Topic	Stamp /Signed By
08/11/19	3a (10)	Diet	
24/11/19	3a (10)	Attended Diabetic	
14/12/19	3a (10)	Diet	
		inservice	
5/6/20	3c (5)	Training	
02/10/20	3a (10)	Diabetic counselling	
01/01/20	3a (10)	Lecture of prevention of weight loss	
02/11/20	2a (10)	Departmental	
11/11/20	3c (1)	REGISTRATION	
15/11/20	3c (5)	Investigation	

ALLIED HEALTH PROFESSIONAL COUNCIL
REGISTRATION
30 MAR 2021
TEL: 0242303027 CELL: 0771052413
Email: registrations@anpcz.gov.zw

Name: SITUPUKASI MAWADU

Date	CME Category	Topic	Stamp /Signed By
15/12/19	3c (5)	inservice training	
21/12/19	3a (10)	Diabetic counselling	
11/16/20	5 (10)	Diet	
17/10/20	2a (10)	Departmental meeting	
03/11/20	3c (2)	Lecture of food and Diets for staff	
23/11/20	3a (10)	Diet	
	20	22	
13/12/20	3a (10)	Diet	
15/12/20	3a (10)	counselling	
06/1/21	2c (5)	Attended Diabetic clinic	
		Board of investigation	