

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Number 10, West Wing, Strathaven Plaza, Strathaven
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E-mail: admin@ahpcz.co.zw Website: www.ahpcz.co.zw

PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2023

SECTION A		PERSONAL INFORMATION			
Profession		AT			
AHPCZ Registration Number		A/AT4739		Initial Registration Date 12/02/21	
Title(Miss.Mr,Ms,Dr.Prof Etc)		Miss		Sex	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
Full Name (Start with surname)		Makochi Tatenda			
Date Of Birth		05/01/01		ID Number	63-3014761x48
Next of kin		Name Beatrice Muchena		Relationship Mother	Contact 0773306712
SECTION B		ADDRESS AND EMPLOYMENT DETAILS			
Residential Address		22046 unit 5 ext Sete Chitungwiza			
Postal Address					
Contact Numbers				Email Address	
Current Employer					
Job Title					
Employer's Address					
Employer's Contact Number				Email Address	
SECTION C		DECLARATIONS			
Has any licensing board other than the AHPCZ initiated an investigation or taken any disciplinary action against any of your licenses since you last applied for renewal of this license?		Yes	<input type="checkbox"/>	If YES briefly explain here and attach detailed explanation and a copy of the final order or settlement agreement	
		No	<input checked="" type="checkbox"/>		
In the last 12 months have you been arrested, charged with indicted for, or under investigation for misdemeanor or felony requiring resolution in the courts?		Yes	<input type="checkbox"/>	If YES If YES briefly explain here and attach detailed explanation	
		No	<input checked="" type="checkbox"/>		
Have you been charged with, convicted of, or pled guilty or nolo contendere to a misdemeanor or felony since you last applied for renewal of this license?		Yes	<input type="checkbox"/>	If YES briefly explain here and attach detailed explanation and a copy of the police and court records relating to the conviction	
		No	<input checked="" type="checkbox"/>		
No of CPD Points Attained		50		Required Points fulfilled	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DATE

07/11/22

SIGNATURE

Makochi

By signing this form you are confirming that you have given AHPCZ accurate information regarding your practise a

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