

# ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

## PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2021

### 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. Profession - Clearly state your registered profession

NB

- i. Counsellors:  
Also state your registered qualification e.g Counsellor - Certificate
- ii. Radiographers and Ultrasonographers:  
  - Clearly specify if you are Diagnostic or Therapeutic and your ultrasonography registration status, i.e. Student, Ultrasonographer or Specialist) e.g Therapeutic Radiographer and student Ultrasonographer
- iii. Psychologists  
  - Clearly specify your area of Specialty e.g. Occupational Psychologist

2. Save the document in your name and Profession eg. 'Mateka Telmore Radiographer Renewal 2021'

|   |                                     |
|---|-------------------------------------|
| <b>1. BASIC INFORMATION</b>   |                                     |
| Full Name – as on ID (Start with surname)   | MAYO ADMORE                         |
| Profession  | XRAY OPERATOR                       |
| AHPCZ Registration Number   | XD 353946                           |
| Phone Number  | 0772284153                          |
| Email Address   | mayoaddie1972@gmail.com             |
| ID - Number   | 08-559433 F03                       |
| <b>2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate</b> |                                     |
| a. Main Register  | <input type="checkbox"/>            |
| b. Internship   | <input type="checkbox"/>            |
| c. Provisional  | <input type="checkbox"/>            |
| <b>3. PRACTISING STATUS (TICK WHERE APPLICABLE)</b>   |                                     |
| a. Practising in Zimbabwe   | <input checked="" 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 type="checkbox"/>            |
| ii. Requires Practising Certificate   | <input type="checkbox"/>            |
| <b>4. CPD POINTS ATTAINED (for selected professions)</b>  |                                     |
| <b>5. PAYMENT DETAILS</b>   |                                     |
| a. Amount Paid and Code of payment  |                                     |
| b. Date of Payment  |                                     |
| c. Payment Platform (Ecocash/CBZ/SCB/Nostro)  |                                     |

DATE 20/02/23

SIGNATURE

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

NAME Mayo Adnoris

[illegible]

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account3@ahpcz-co.zur



## Confirmation of Cash Deposit

### CASH DEPOSIT ADVICE

Account no and Name :

66161383840028

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Date and Time :

2023-03-17 09:27:04 AM

Amount Deposited :

USD 67.00

Narrative :

MOYO ADMORE XO

353946

Teller Id and Ref :

93SMUTEPA

093CHDP230760023

CBZ BANK  
TELLER  
TELLERS STAMP AND INITIALS  
16 MAR 2023  
BEITBRIDGE  
6513

TICK WHERE APPLICABLE

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| USD                      | ZAR                      | GBP                      | EURO                     | BWP                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER SPECIFY

|        |  |  |  |
|--------|--|--|--|
| 500 x  |  |  |  |
| 200 x  |  |  |  |
| 100 x  |  |  |  |
| 50 x   |  |  |  |
| 20 x   |  |  |  |
| 10 x   |  |  |  |
| 5 x    |  |  |  |
| 2 x    |  |  |  |
| 1 x    |  |  |  |
| Other  |  |  |  |
| Total: |  |  |  |

I ..... confirm that the amount stated on this slip is the correct amount deposited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that the Bank shall reserve the right to reverse any transaction inconsistent with the amount stated herein.

Signature: \_\_\_\_\_