

# ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

## PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2023

Profession		Xc - Ray operator				
<b>SECTION A</b>		<b>PERSONAL INFORMATION</b>				
Main - Local	Provisional – Local	Internship - Local	Maintenance			
(tick where applicable)			Foreign Practising	None-Practising		
Full Name (Start with surname)		Chekani Luckson				
AHPCZ Registration Number		A/X0313				
Contact Numbers		0773521166				
Email Address		babachekani@gmail.com				
ID - Number		63-468956 V49				
<b>SECTION B</b>		<b>EMPLOYMENT DETAILS</b>				
Name of Employer		Ministry of health & Child care				
Address		J-21 Damba village mhanguwa				
District		makonde				
Province		Mashonaland west province				
<b>SECTION C</b>		<b>PRIVATE PRACTICE DETAILS</b>				
Name of Service						
<b>SECTION D</b>		<b>DECLARATIONS</b>				
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		If YES briefly explain here and attach detailed explanation and a copy of the final order or settlement agreement			
	No	✓				
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		If YES briefly explain here and attach detailed explanation			
	No	✓				
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		If YES briefly explain here and attach detailed explanation and a copy of the police and court records relating to the conviction			
	No	✓				
No of CPD Points Attained	28		Required Points fulfilled	Yes	✓	No

DATE.....

SIGNATURE .....

1. By signing this form you are confirming that you have given AHPCZ accurate information regarding your practise and status.

Giving inaccurate or misleading information can lead to disciplinary processes which may affect your registration status.  
The AHPCZ may carry out regulatory checks when processing this application.

Proff of payment, 23/02/2023  
Account ending has been debited  
with 64387 - 00 ZWL on  
23/2/2023

Ref. No

031FTMC230  
540001

Mobile App TRF  
To

Another Account,  
CBZ BANK Account

66161383840018



NAME \_\_\_\_\_

RECEPTION  
MAKONDE CHRISTIAN HOSPITAL  
STAMPED/SIGNED BY