

# 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' and email to [registrations@ahpcz.co.zw](mailto:registrations@ahpcz.co.zw) together with your CPD points and proof of payment

### 1. BASIC INFORMATION

Full Name – as on ID (Start with surname)	SEBATA THELMA
Profession	AMBULANCE TECHNICIAN
AHPCZ Registration Number	A/AT4376
Phone Number	0783081407
Email Address	thelmasebata2@gmail.com
ID - Number	28-2028235D02

### 2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate

a. Main Register	<input checked="" type="checkbox"/>
b. Internship	<input type="checkbox"/>
c. Provisional	<input type="checkbox"/>

### 3. PRACTISING STATUS (TICK WHERE APPLICABLE)

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 (Pays Standard Fee)	<input type="checkbox"/>

4. CPD POINTS ATTAINED (for selected professions) 40 points

### 5. PAYMENT DETAILS

a. Amount Paid and Code of payment	
b. Date of Payment	
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	

DATE 07/12/2021.....

SIGN.....

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

