ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2023

Profession		EDUCATIONAL PSYCHOLOGIST								
SECTION A		PERSONAL INFORMATION								
Main - Local Provisional - Lo				Maintenance						
✓					Foreign Practis	sing	None-F	Practis	ing	
(tick where applicable)										
Full Name (Start with surname)		BIRIWASHA FAMBAYI K								
AHPCZ Registration Number		A/PSY0376								
Contact Numbers		0773 531 565 / 0718 221 155								
Email Address		biriwashak@gmail.com								
ID - Number		50-101687E44								
SECTION B		EMPLOYMENT DETAILS								
Name of Employer		MINISTRY OF PRIMARY AND SECONDARY EDUCATION								
Address		38 AERODROME ROAD								
Address		P.O BOX 146								
District		MUTARE								
		MANICALAND								
SECTION C		PRIVATE PRACTICE DETAILS								
Name of Service		N/A								
SECTION D		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		If YES briefly copy of the fin	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		Yes		If YES If YES	If YES If YES briefly explain here and attach detailed explanation					
investigation for misdemea requiring resolution in the c	nor or felony	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		6	60	Required Po	oints fulfilled	Yes	-	No		

DATE. 20 103 23... 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.

<u>Date</u>	CME Category	<u>Topic</u>	Stamped/Signed by
19-21/01/22	12	PARTICIPATORY JEENARIO PLANNING AND SCORE CARD WELLHOP	\mathcal{M}
07/02/22	7	PREVOLATIONAL TEACHER MUTICULAR	Nos
20/02/22	12	FINANCIAL LITERALY AND NUMBRACY FOR ANOZERENTIGIRLY	M
07-10/03/22	9	PSYCHOEDUCATION ALAFFEMENTS IN BUHERA DI MINICI) Chi
11-18/03/22	7	MENTRUAL HEALTH MANNESMINING (MAM) FURVEY PRO	DVINCIAL MEDICAL DIRECTOR MANICALAND
21/03/2270	9	VACLIMATION BLITZ IN CHOOLS AND CLINICS	P.O. BOX 323, MUTARE
a-orbs/2	7	LEADERSHIP CAMP FOR START 4 GIRLY - YULNELABLE CHM	National AIDS Council MUTAR & RURAL DISTRICT
15/02/22	4(6)	MAL QUIZ COORDINATION PROVINCIAL MEETING	Atakaman 2022
18-19/07/22	4(a)	MOSICA CIRCULARIS OFTEN	NINERRY OF EDUCATION ON OCIS PSycho, Services MUTANE DISTRICT
27/07/22	1(4)	SUPPORT LATITECHLANGH FROM AMA	WX PAN 146 MUTATE
21/08/22	4(6)	ARISE TRUST BOARD MEETING	A JANA CONTRACTOR OF THE PARTY
16/09/22	7	NAC PROVINCIAL FEIDUR QUIZ COMPETITIONS	National AIPS Council AND CREET PISTRICT
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<u>Date</u>	CME	Topic	Stamped/Signed by
	Category		
19/09/22	9	BUILTERA DISTRICT- INDIVIDUAL ASTESSMENTS	MUTARE RUBYL DISTRICT
20/04/22	4(9)	NAT REVIEWMEETING FOR STAXEDO	Mutere - A
28/09/22	9	LEARNER SUPPORT JERVICES - BU HERA DISTRICT	Tel: +263
07/10/22	4(a)	POLIO -SIA INGAZTH MEGTINIA	MANICALAND
13/10/22	1(a)	PAYCHO JULIAL SUPPORT/ LEARNER WELFARE MCIDENT	0 7 OCT 2022 P.O. BOX 323, MUTARE TEL: 02020-64401
19/16/22	2 (a)	JEYUAL REPRODUCTIVE INCOLORIS	Nation AIDS Council MUTARE RURAL DISTRICT
27-30/11/22	(46)	MATIONAL AIDS COUNCIL MATIONAL SCHOOL QUIZ COMPETIO	Para 7 NOV 2022
01-05/2/n	4(a)	LEPS - NATIONAL REVIEWS AND PLANWING WORK FROP	Ma: +263
07/2/22	161)	SPECIAL CRASS ASSISTMENTO AT SEKNEN FANDE PRY	المحدد الم
13-16/1421	2(9)	Community service Arth THRONGIT OUTREACH (CHIPME)	DEOX 146, MUTARE INDUDING: Tel. 64216 INDUDING: Tel
16/12/22 This page X 1	4(b)	NAC MANICAZANO JAKEHRAGKI REVIEW MEETINK	197 OF 2022
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STATEMENT OF ACCOUNT



NMB BANK LIMITED

THIS IS AN AUTHORIZED DIGITAL STAMP

DATE: 16/03/2023

TEL: (086) 77008564-6

TEL: (086) 77008mbz.co.zw

EMAIL: enquiries@nmbz.co.zw

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09-03-2023	Zsw pos purch-ok mutare	FT23068T22MD\	2819.99	37919.33
09-03-2023	mutar*0001	ETOOCCOTOOMD\	450.0	40739.32
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