

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

E-mail: admin@ahpcz.co.zw Website: www.ahpcz.co.zw

PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2023

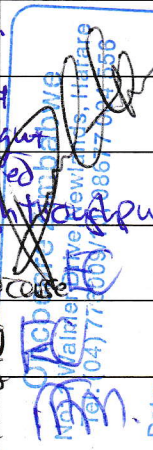
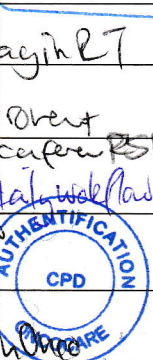


SECTION A	PERSONAL INFORMATION					
Profession	Therapy Radiographer					
AHPCZ Registration Number	252786	Initial Registration Date		1992		
Title (Miss, Mr, Ms, Dr, Prof Etc)	Mrs	Sex	Male		Female	x
Full Name (Start with surname)	Mawisire Felistus					
Date Of Birth	16-02-1969	ID Number		12-022446-A-22		
Residential Address	6797 Chinhoyi Road, Zimre Park Ruwa					
Postal Address	6797 Chinhoyi Road, Zimre Park Ruwa					
Contact Numbers	0775 899 808	Email Address		ftmawisire@gmail.com		
Next of kin	Name	Relationship		Contact		
	TD Mawisire	husband		0778078719		
SECTION B	EMPLOYMENT DETAILS					
Current Employer	Oncocare Zimbabwe					
Job Title	Senior Radiographer					
Employer's Address	1 Walmer Drive, Newlands HARARE					
Employer's Contact Number	08677004556	Email Address		reception@oncocare.co.zw		
Private practice name	Name & address	Email address		Contacts		
N/A						
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		If YES briefly explain here and attach detailed explanation and a copy of the final order or settlement agreement			
	No	X				
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 If YES briefly explain here and attach detailed explanation			
	No	X				
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	X				
No of CPD Points Attained	52	Required Points fulfilled		Yes	X	No

DATE ...08-03-2023..... SIGNATURE Aluwisire

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.

Name: Relistus Mawisire 25278

Date	CME Category	Topic	Stamped/Signed
22/1/22	1	Radiosurgery in Meningiomas	
27/1/22	5	Prabnow Treca Planning and M...	
29/1/22	5	Cervical Ligate Specified	
10/2/22	1	procedures in high	
12/3/22	6	Lipac MR Master	
19/3/22	5	CNS planning Tumour Contour	
6/4/22	1	Screening Colorectal Cancer	
26/5/22	6	Reliability Accuracy in RT	
31/5/22	5	Plan Quality Improvement	
3-6-22+15	1+1	Quality Oncology Cancer RT	
16/6/22	1+1	Servicing time in RT	
30/8/22	1	Peer Review Plan Review and	
30/9/22	1	IntraCranial RS	

Name:

Date _____

Topic

Stamped/Signed

26/8/27

6

Triple Threat Cynca

18/10/22

1

1. Breast cancer

17/11/22

1

Creation of Role

OncoCare Zimbalove
No: 1 Walmer Drive, Newmarket, Ontario
Tel: (416) 778-0910