

Name: THENJIWE Ncube A/HFS 0414

Date	CME Category	Topic	Stamp /Signed By
27/6/22 1(a)	1(a)	Stock Control meeting	2
4/07/22	2(a)	Pastei	1
13/07/22	2(d)	Cirand Rando with Clinical Director	1
4/08/22	5	Dietary Counselling on NCD	1
19/09/22	1(a)	Financial meeting Budget Plan for 2023	1
20/10/22	1(b)	Peer to peer Supervision	2
2/11/22	5	Hospital Procurement Management Unit Assessment	3
16/11/22	5	Diet Counselling to nursing staff	2
8/12/22	2(a)	Meeting on PRPA	1
12/01/23	4	Car Conference	2

CLINICAL DIRECTOR
INGUSHENI CENTRAL HOSPITAL

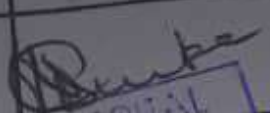
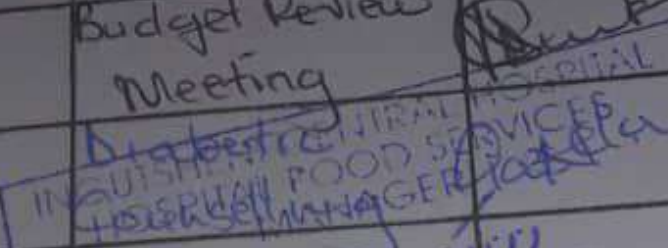

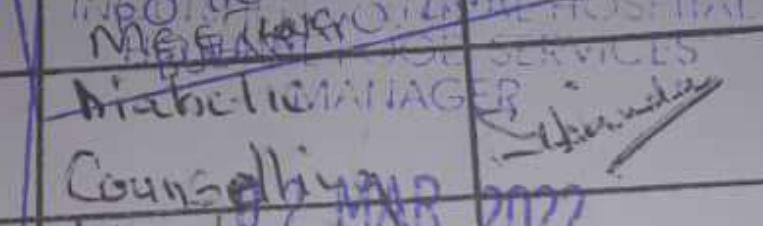
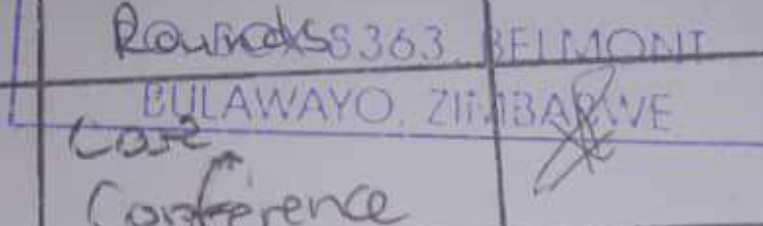
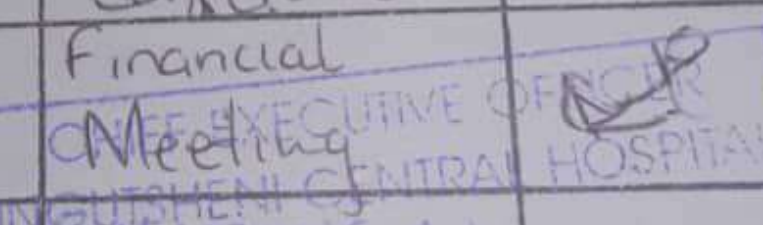
13 JUL 2022

P.O. BOX 8363

BELMONT

BOX 8363, BELMONT
BULAWAYO, ZIMBABWE

Name: THEXJIWE Ncube A/HFS0414

Date	CME Category	Topic	Stamp / Signed By
4/8/21	2	Budget Review Meeting	
20/8/21	5	Diabetes	
4/10/22	2(c)	Menu Review	JAN 2022 1. Ncube
27/1/22	2(a)	FINANCIAL COS. PETITION INFO BOX	
15/2/22	5	Counselling Ward	
2/3/22	2(d)	Rounds	8363, BELMONT, BULAWAYO, ZIMBABWE
30/3/22	4	Case Conference	
13/4/22	2(a)	Financial Meeting	
13/6/22	1	Interviews	JULY 2022
23/6/22	3(c)	In. Service Training menu planning	8360, BELMONT, BULAWAYO, ZIMBABWE

Your bill payment to
ALLIED HEALTH PRACTI-
TIONERS COUNCIL([36143](#))
of ZWL[67000](#) to
HFSSTHENJIWENCUBE
was successful. TxnID
BP[230317.0435](#).K84141.