

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

Number 10, West Wing, Strathaven Plaza, Strathaven
P.O. Box A14 Avondale, Harare, Tel: +263 04-303027, +263 771 056 413
E-mail: admin@ahpcz.co.zw Website: www.ahpcz.co.zw

PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2019

SECTION A		PERSONAL INFORMATION			
Profession	RADIOGRAPHER				
AHPCZ Registration Number	A120947	Initial Registration Date	15 FEB 2021		
Title (Miss, Mr, Ms, Dr, Prof Etc)	MISS	Sex	Male	Female <input checked="" type="checkbox"/>	
Full Name (Start with surname)	NYONI CHARLOTTE SHAMISO				
Date Of Birth	02/02/1997	ID Number	08-896737-Q'08		
Residential Address	Nº 1 MCNAUGHTON ROAD SOUTHERTON				
Postal Address	A5 ABOVE				
Contact Numbers	0779 131 803	Email Address	charlotteshamiso@gmail.com		
Next of kin	Name NYONI OTIS	Relationship BROTHER	Contact	0774 088 152	
SECTION B		EMPLOYMENT DETAILS			
Current Employer	DIAGNOSTIC IMAGING CENTER				
Job Title	RADIOGRAPHER				
Employer's Address	17 LANARK RD BELGRAVIA HARARE				
Employer's Contact Number	0242 701455/6	Email Address	dicray@zol.co.zw		
Private practice name	Name & address	Email address	Contacts		
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	<input checked="" type="checkbox"/>			
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	<input checked="" type="checkbox"/>			
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	<input checked="" type="checkbox"/>			
No of CPD Points Attained		Required Points fulfilled	Yes		No

DATE..... 11/01/2023

SIGNATURE

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 Nyoni Charlotte S.

	Continuous Educational Categories	Points Awarded	
1.	1hr educational lecture	1	2 points will be awarded to presenter. The education liaison committee are supposed to confirm the authenticity of the lecture.
2.	1 day seminar	8	
3.	Publishing an article	20	First author gets 20 points Other listed authors get 10 points
4.	Annual Congress	8	Presenter gets 16 points
5.	Morning Seminar	5	The morning is defined at 8am to 12 noon
6.	Afternoon Seminar	3	The afternoon is defined from 2pm to 4/5pm
7.	Achieving an extra qualification	20	The qualification should be in line with continuous health education
8.	Presenting a paper at a workshop or seminar	10	Seminar should be in line with continuous health education
9.	Review of journal article or research proposal	10	Lecturer should not claim points from reviewing proposals of their students which is part of their job
10.	Participation in examinations/evaluations /assessments	10	Same as in 9. One can claim points only if they are invited as a guest to evaluate or assess students other than those they teach.
11.	Direct mentoring or supervision of students	1	The points are allocated per day so it is 1 point/day

Completion Certificate

siemens-healthineers.com/pepconnect

This is to certify that

Charlotte Nyoni

has completed the following PEPconnect online virtual training:

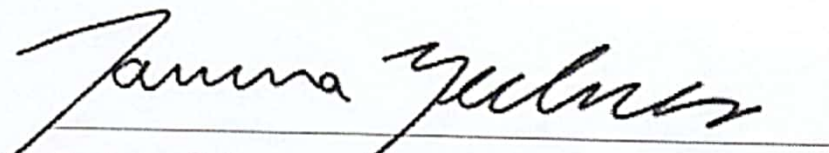
MR Physics - Generating and Acquiring
the MR Signal Online Training

License Number:


CEU Accreditation Number: MDB08/006/01/2022

Awarded: 1 CEU Point

Date: 5/7/2022



Dr. Janina Beilner
Vice President of Education
Siemens Healthineers

SIEMENS
Healthineers 



This document serves to acknowledge that

Charlotte Nyoni

Has completed the following training:

IRay User Training

X

Chantal Treptow
Application Specialist

A stylized, handwritten signature in black ink, written over a horizontal line.

X

Jacques Mong
Product Manager

A stylized, handwritten signature in black ink, written over a horizontal line.



Certificate of completion:
Applications Training

by

Charlotte Nyoni

for the product:
uDR 596i

Date of Completion:

10/11/2022