

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

PRACTISING CERTIFICATE RENEWAL FORM – YEAR 2022

Profession		EDUCATIONAL PSYCHOLOGIST					
SECTION A		PERSONAL INFORMATION					
Main - Local <input checked="" type="checkbox"/>	Provisional – Local	Internship - Local	Maintenance				
			Foreign Practising		None-Practising		
(tick where applicable)							
Full Name (Start with surname)		DZINAVANHU MORRIS					
AHPCZ Registration Number		A/PSY 377					
Contact Numbers		0772 991134, 0716885191					
Email Address		dzinavanhuma@gmail.com					
SECTION B		EMPLOYMENT DETAILS					
Current Employer/Internship Placement institution/s		MIN OF PRIMARY & SECONDARY EDUCATION – PSC					
SECTION C		PRIVATE PRACTICE DETAILS					
Name of Service							
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 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		57	Required Points fulfilled		Yes	<input checked="" type="checkbox"/>	No

DATE.....

SIGNATURE

1. If your personal details, employment or private practice details have changed from your last renewal, PLEASE ALSO FILL IN PAGE 2
2. 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.

Bill Payment transaction of RTGS\$
15000 has been successfully completed
between the sender: 772991134 MORRIS
DZINAVANHU and receiver: ALLIED
n Next

CANCEL **SEND**



Confirmation of Cash Deposit

CASH DEPOSIT ADVICE

Account no and Name :

Date and Time :

Amount Deposited :

Narrative :

Teller Id and Ref :

66161363840028

2022-09-14 15:00:29 PM

USD 23.00

Cash Deposit-MORRIS DZINAVANHU PSY370 04-079440704

98MNDHLOVU

098CHDP222570144

-TELLER'S
STAMP
AND
SIGNATURE

Customer Copy

TICK WHERE APPLICABLE

USD	ZAR	GBP	EURO	BWP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

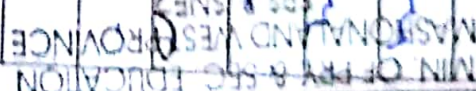
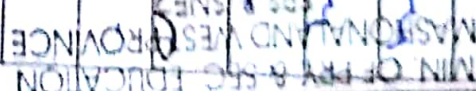
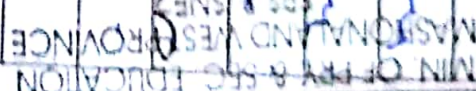
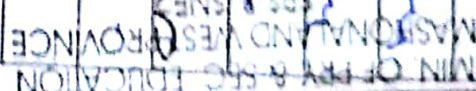
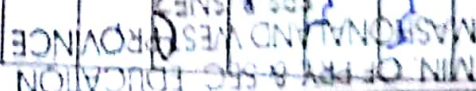
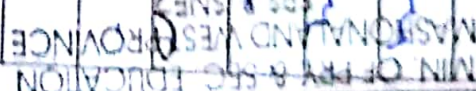
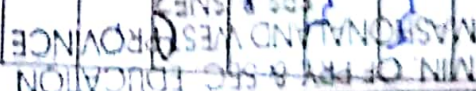
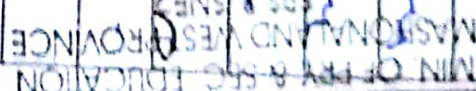
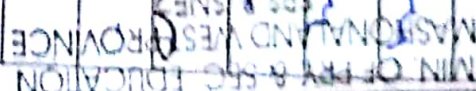
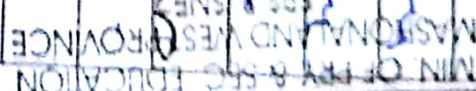
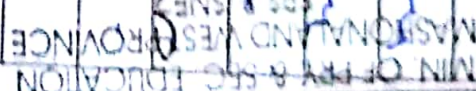
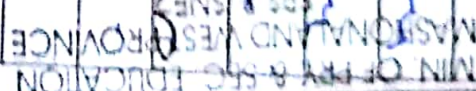
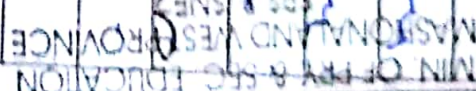
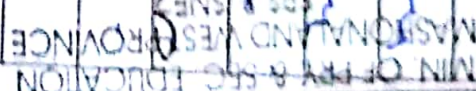
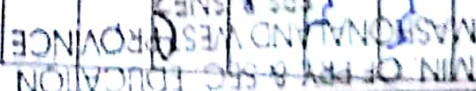
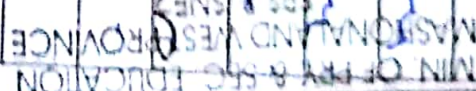
OTHER SPECIFY

500 x			
200 x			
100 x			
50 x			
20 x			
10 x			
5 x			
2 x			
1 x			
Other			
Total:	USD 23		

Iconfirm that the amount stated on this slip is the correct amount deposited and hereby indemnify CBZ Bank Ltd from any losses arising from incorrect details. I acknowledge that the Bank shall reserve the right to reverse any transactions inconsistent with the amount stated herein.

Signature: _____

DZINAVANTHU MORRIS PSY 377

Date	Topic	Category	CME Points	Facilitator	Stamp/Sign
11-12/01/21	PSYCHOMETRICS WORKSHOP FACILITATION - LEPS Department	4a	4	Dzinavantu M	
25-28/01/21	ASSESSMENT OF LEARNERS SPECIAL CLASSES	7	2	Dzinavantu M	
8-9/02/21	WELLNES WORKSHOP - MORRIS SERVICE MANAGEMENT AT WORKPLACE	11	5	HR - Education	
22-24/08/21	COVID SOP & PSYCHOSOCIAL SUPPORT	11	5	HEALTH & Education	
6-8/09/21	ZIMSEC Special Exam assessments	7	2	Dzinavantu M	
20-23/04/21	Teacher Training on Counselling of learners in distress.	11	5	MO PSE	
26/04/21	Psychotherapy - Mrunzi Sec hysteria case.	10	2	MO PSE	
17-21/05/21	Training of teachers in fit for life and work - Hurungwe district.	11	5	MO PSE	
24-28/05/21	Training of teachers on screening tools - Teacher administered.	11	5	MO PSE	
14/06/21	Virtual Workshop for Northern Region Psychologists.	4a	4	MO PSE	
14-21/07/21	Provincial outreach gala for special needs learners.	9	2	MO PSE	
23-27/08/21	PSYCHO-EDUCATIONAL ASSESSMENTS	7	2	PEED	
6-7/09/21	Child Protection Facilitation NAG Workshop	11	5	WOMEN AFFAIRS	
25/10/21	COVID & PSYCHO-SOCIAL SUPPORT STATUS MEETING	11	5	HEALTH	
08/11/21	GROUP COUNSELLING SESSION ON DRUG ABUSE	10	2	MO PSE	
13/12/21	PSYCHO-EDUCATIONAL ASSESSMENTS	7	2	MO PSE	

HEALTH PRACTITIONERS COUNCIL . Txn
ID: BP220919.2128.F37148

CANCEL **SEND**

Your bill payment to ALLIED
HEALTH PRACTITIONERS
COUNCIL(36143) of RTGS\$100000
to psymorrisdzinavanhu
was successful. TxnID
BP220919.2120.K33710. Wallet
balance



RTGS\$22683.28.

Mon 21:20



Text message



Bill Payment transaction of RTGS\$
12000 has been successfully completed
between the sender: 772991134 MORRIS
DZINAVANHU and receiver: ALLIED
n Next

CANCEL **SEND**