## ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

## PRACTISING CERTIFICATE RENEWAL FORM - YEAR 2023

INSTRUCTIONS

PLEASE NOTE THIS INFORMATION WILL BE USED FOR THE DIGITAL PLATFORM WE ARE INTRODUCING IN THE NEAR FUTURE. KINDLY ENSURE ACCURACY (ESPECIALY ON NAME, REGISTRATION NUMBER AND ID NUMBER) AND FILL IN ALL SECTIONS

1. Profession

- Hospital Food Services Supervisor

NB

Counsellors:

Also state your registered qualification e.g Counsellor - Certificate

Radiographers and Ultrasonographers:

- Clearly specify if you are Diagnostic or Therapeutic and your ultrasonography registration status, i.e. Student, Ultrasonographer or Specialist) e.g Therapeutic Radiographer and student Ultrasonographer
- iii. Psychologists
  - Clearly specify your area of Specialty e.g. Hospital Food Service Supervisor
- Save the document in your name and Profession eg. Machipanda Fiona, Hospital Food Service Supervisor 2023'

1.	BASI	IC INFORMATION	W.					
Full Name – as on ID (Start with surname)			Machipanda Fiona					
Profession  AHPCZ Registration Number			Hospital Food Service Supervisor 336176					
						Phone Number		
Email Address			Fiona.Machipanda@tongaat.com					
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ID - Nu		10	1/2/16/2006/00/2020/01/01/2020	14 067696 Y 75				
2.		ISTERED CATEGORY (TICK WI stration Certificate	HERE APPLICABLE)- Verify yo	ur registered category on your				
		Main Register		√				
	b. II	Internship						
	c. F	Provisional						
3.	PRA	PRACTISING STATUS (TICK WHERE APPLICABLE)						
	a. F	Practising in Zimbabwe	<b>√</b>					
	b. F	Practising Out of Zimbabwe						
	j	. Maintenance only	Maintenance only					
	i	i. Requires Practising Certifi	icate					
	c. 1	Not Practicing						
	7. 21	i. Maintenance Only		1				
* =		ii. Requires Practising Certifi	cate					
4.	CPD	POINTS ATTAINED (for selecte	30 POINTS					
5.	PAY	PAYMENT DETAILS						
	a. /	Amount Paid and Code of paymer	67USD					
	b. [	Date of Payment	27 FEBRUARY 2023					
	c. Payment Platform (Ecocash/CBZ/SCB/Nostro)			NOSTRO				

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