

# 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** - Clearly state your registered profession

**NB**

- i. Counsellors:  
Also state your registered qualification e.g **Counsellor - Certificate**
- ii. 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. **Occupational Psychologist**

2. Save the document in your name and Profession eg. 'Mateka Telmore Radiographer Renewal 2023'

<b>1. BASIC INFORMATION</b>	
Full Name – as on ID (Start with surname)	CHIBAYA NGONIDZASHE
Profession	AMBULANCE TECHNICIAN
AHPCZ Registration Number	A/ AT 3106
Phone Number	+263 783 117 496
Email Address	mwzclinic@triangle.co.zw
ID - Number	77 – 067032 M 77
<b>2. REGISTERED CATEGORY (TICK WHERE APPLICABLE)- Verify your registered category on your Registration Certificate</b>	
a. Main Register	<input checked="" type="checkbox"/>
b. Internship	<input type="checkbox"/>
c. Provisional	<input type="checkbox"/>
<b>3. PRACTISING STATUS (TICK WHERE APPLICABLE)</b>	
a. Practising in Zimbabwe	<input checked="" type="checkbox"/>
b. Practising Out of Zimbabwe	<input type="checkbox"/>
i. Maintenance only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
c. Not Practicing	<input type="checkbox"/>
i. Maintenance Only	<input type="checkbox"/>
ii. Requires Practising Certificate	<input type="checkbox"/>
<b>4. CPD POINTS ATTAINED (for selected professions)</b>	<b>30 POINTS</b>
<b>5. PAYMENT DETAILS</b>	
a. Amount Paid and Code of payment	67 USD
b. Date of Payment	27 FEBRUARY 2023
c. Payment Platform (Ecocash/CBZ/SCB/Nostro)	NOSTRO

Date	Category	Topic	Stamped/Signed by
3/3/22	8	NECK AND SPINAL INJURIES	<i>Quinan</i>
14/4/22	8	SOFT TISSUE INJURIES	<i>[Signature]</i>
28/4/22	7	PATIENT ASSESSMENT	<i>[Signature]</i>
23/4/22	8	Shock	<i>Quinan</i>
7/5/22	8	Chest injuries	<i>[Signature]</i>
12/5/22	7	myocardial infarction	<i>[Signature]</i>
25/11/22	8	myocardial infarction	<i>[Signature]</i>

Date	Category	Topic	Stamped/Signed by