## 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

1. BASIC INFORMATION	and Profession eg. ' <b>Mateka Telmore F</b>									
Full Name – as on ID (Start with surname)	TAMES SEVIL									
Profession	JAMES SEY! Counsellor									
AHPCZ Registration Number										
Phone Number	A/COUN 0293									
Email Address	0772 261 673 Sylames 5@ gmail, (	100								
ID - Number	08-018815 C08									
2. REGISTERED CATEGORY (TICK WI Registration Certificate	IERE APPLICABLE)- Verify your regi	istered category on your								
a. Main Register										
b. Internship										
c. Provisional										
3. PRACTISING STATUS (TICK WHERI	APPLICABLE)									
a. Practising in Zimbabwe		•								
b. Practising Out of Zimbabwe										
i. Maintenance only										
ii. Requires Practising Certifi	cate									
c. Not Practicing										
i. Maintenance Only										
ii. Requires Practising Certific	ate									
4. CPD POINTS ATTAINED (for selecte	d professions)									
5. PAYMENT DETAILS										
a. Amount Paid and Code of paymen	ZWL 16150	O BP230224 1452								
b. Date of Payment	24/02/23	F 68034								
c. Payment Platform (Ecocash/CBZ/S	CR/Nostro)	ocash								

77/07/23		H
DATE. #1104/48	SIGNATURE	Jones
1. Kindly save the document in your name eq.	Mateka Telmore Padiographe	

## **Contact Office**

From: Sevi James <svjames5@gmail.com> Sent: Monday, February 27, 2023 2:56 PM To:

office@contactfcc.co.zw

Your bill payment to ALLIED HEALTH PRACTITIONERS COUNCIL(36143) of ZWL16150 to COUNSEVIJAMES was successful. TxnID BP230224.1452.F68434. Wallet balance ZWL5055.



## ZIMBABWE ASSOCIATION OF FAMILY THERAPISTS AND PROFESSIONAL COUNSELLORS (ZAFTPC)

In collaboration with

ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE (AHPCZ)

CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

TRACKING BOOKLET

COUNSELLORS

**Counsellors and Family Therapists** 

REQUIRED POINTS

Yearly:

50

Name: SEVI JAMES

Registration Number: A/COU 0293

MPILO CENTRAL HOS

Date	CPD Category	Description Stamp & Signature
11.01.22	+	HIN 3 Aids Counselling Sessions July SIC
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