

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

Harare Office:
 8 Harvey Brown
 Milton Park
 P.O Box CY 810, Causeway
 Cell: 0712 879 646
 Tel: (04) 792195/793709/793707/790139
 Email: mdpcz@mdpcz.co.zw
 Website: www.mdpcz.co.zw



Bulawayo Office:
 2 Robertson Street
 Parkview
 Tel: (09) 72237/8
 Cell: 0777 884 162
 Email: mdpcz@mdpcz.co.zw
 Website: www.mdpcz.co.zw

APPLICATION FOR REGISTRATION AS AN INTERN

1. PARTICULARS OF APPLICANT

TITLE: MR MRS MISS MS

SEX: MALE FEMALE

SURNAME:.....

FORENAMES:.....

PREVIOUS SURNAME (IF APPLICABLE).....

DATE OF BIRTH

D	D	M	M	Y	Y

PLACE OF BIRTH COUNTRY..... NATIONALITY

MARITAL STATUS MARRIED SINGLE OTHER (STATE)

RESIDENTIAL ADDRESS

.....

CELL NO..... TEL (HOME).....

EMAIL ADDRESS.....

I.D. NUMBER.....

PROFESSIONAL QUALIFICATION (S)

QUALIFICATION (S)	NAME OF TRAINING INSTITUTION	DURATION		AWARDED BY	DATE AWARDED
		FROM	TO		

FIRST YEAR INTERNSHIP

INSTITUTION	DATE OF RESUMPTION	DATE OF COMPLETION

I hereby certify that the above-mentioned information is correct.

DATE.....

SIGNATURE.....

FOR OFFICAL USE ONLY

RECIEVED (AMOUNT) RECEIPT NO..... DATE.....

.....

APPROVED: YES NO

IF YES: DATE OF REGISTRATION..... REG No

CONDITIONS:

.....

IF NO REASON:.....

DATE.....

SIGNATURE.....

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APPLICATION FOR A PRACTISING CERTIFICATE

(Complete in block letter)

SURNAME:.....

FORENAMES:.....

REGISTRATION ADDRESS/POSTAL ADDRESS.....

.....

Please advise ANY change in your registered/registration particulars with authenticated documents where appropriate.

1. NAME OF PLACE OF PROPOSED EMPLOYMENT

PHYSICAL ADDRESS.....

POSTAL ADDRESS

COMMENCEMENT

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TICK AS APPROPRIATE

2. AREA OF EMPLOYMENT

GOVERNMENT

LOCAL AUTHORITY

MISSION

PRIVATE

OTHER (Specify).....

3. EMPLOYMENT STATUS

- FULL TIME PART TIME TEMPORARY

4. TYPE OF INSTITUTION

- HOSPITAL EDUCATIONAL INSTITUTION

OTHER (Specify).....

5. PROVINCE EMPLOYED

- | | |
|---|--|
| <input type="checkbox"/> BULAWAYO | <input type="checkbox"/> MASHONALAND WEST |
| <input type="checkbox"/> HARARE | <input type="checkbox"/> MIDLANDS |
| <input type="checkbox"/> MANICALAND | <input type="checkbox"/> MATEBELELAND NORTH |
| <input type="checkbox"/> MASVINGO | <input type="checkbox"/> MATEBELELAND SOUTH |
| <input type="checkbox"/> MASHONALAND EAST | <input type="checkbox"/> MASHONALAND CENTRAL |

6. IF NOT EMPLOYED

REASON

- | | |
|---|--|
| <input type="checkbox"/> POSITION NOT AVAILABLE | <input type="checkbox"/> FAMILY REASON |
| <input type="checkbox"/> TO GO ABROAD | <input type="checkbox"/> UNDERTAKING FURTHER |

STUDIES

OTHER (Specify).....

IT IS AN OFFENSE TO PRACTISE IF NOT IN POSSESSION OF A VALID PRACTISING

CERTIFICATE

NOTE: PERSONS WHO DO NOT REMAIN IN CONTINUOUS PRACTISE MAY BE REQUIRED ON WISHING TO RESUME THEIR PRACTICE TO WORK IN A SPECIFIED SITUATION FOR A SPECIFIED PERIOD.

DATE.....

SIGNATURE.....

FOR OFFICIAL USE ONLY

APPROVED:

YES

NO

CONDITIONS IF ANY:

.....
.....

IF NO: REASON

.....
.....

DATE.....

SIGNATURE.....