

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

Harare Office:

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



Bulawayo Office:

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

APPLICATION FOR PROVISIONAL REGISTRATION FOR FOREIGN TRAINED MEDICAL/DENTAL INTERN

INCOMPLETE APPLICATION MAY CAUSE DELAYS IN PROCESSING

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- All sections of this form are to be completed, and documentation and application fee attached.
- The information on this form is to enable Council to consider whether you should be registered on the Provisional Register of Interns, if registered, to maintain a summary of your internship record and registration details.
- A practitioner who is a spouse of a diplomat would be required to renounce their diplomatic status on registration with the Council by completion of the Solemn Declaration form attached.
- **Application fees are non-refundable.**
- **Each application is treated on its own merit.**

Your application should be accompanied by the following documents

1. Public Notary certified copy of the medical/dental degree qualification and transcript of training
2. 5 O level passes with Mathematics and an approved Science Subject.
3. Passes in A' Level Chemistry and any other two subjects, which shall be from the following Biology, Physics or Mathematics or any science degree approved by the Council
4. Certified copy of identification card and birth certificate.
5. Two certified passport size photographs.
6. Prescribed application fee.
7. Prescribed assessment fee.
8. Council Assessment (See attached guidelines)

SECTION 1 - Personal Identification details

(i) **Name** – Show given names from your passport or birth certificate, unless your name has been legally changed (e.g. By Notary Public)

* Family Name

* First Name (s)

* Other names (maiden name, name change, alias etc)
If names differ from those on your medical qualifications or passport, please tick box below showing reason.

Marriage

Notarial deed

Common use

Other (*explain*)

ii) **Identification** – This information may be disclosed to overseas registration authorities to verify your identity.

** Date of birth (day, month, year)
/ /

** Gender Male

Female

ID Number/Passport Number

Place of Birth

Nationality

iii) **Contact Details** – All written communications will be sent to your contact address. Please print clearly.

* Contact Address

.....

.....

Contact Number (s)

E-mail address

SECTION 2 – QUALIFICATIONS

i) **ORDINARY LEVEL (O’LEVEL)/EQUIVALENT**

a)	Year written	Country	Name of Exam Authority

b)	Subjects	Grade

ii) **ADVANCED LEVEL (A’LEVEL)/EQUIVALENT**

a)	Year written	Country	Name of Exam Authority

b)	Subjects	Grade

Equivalent :

iii)	PREMED QUALIFICATION (if any)		
	Course		Duration

	Institution		Country

iv)	NON-MEDICAL QUALIFICATION (if any)		
	Name of qualification		* Duration

	* Year graduated	* Graduating University	Country

v)	MEDICAL/DENTAL DEGREE		
	* Name of qualification		* Abbreviation

	Duration of the programme		Date of Commencement

	* Year graduated	* Awarding Institution	Country

<p>Have you at any period in time undertaken your undergraduate training at another University other than the Graduating University.</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give reasons on the space provided on page 10. </p>			

vi) **PLEASE STATE THE FOLLOWING**

1. Reason(s) for studying abroad:

.....

.....

.....

2. Cost of Study (*optional*):

3. Sponsor (s) of study (**please tick**)

Private

Public

SECTION 3 – FITNESS FOR REGISTRATION

This information is required to ensure that no person is registered as a doctor in Zimbabwe whose previous or current competence, health or conduct may put public health or safety at risk.

(i) Mental and physical condition

Have you ever been or are you now affected by any mental or physical condition or impairment with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

Yes No If No, please go to question (iii)

If yes, please provide full details of condition(s), duration of any treatment, name and contact details of treating practitioner, involvement of university/medical school. Please indicate on page 10 of this form.

If yes, can the Council's Registrar contact your treating practitioner(s) for further information?

Yes No

Please note that if your answer is 'No' your application for registration may be delayed while advice is obtained from Council's Health Committee. You will have to provide two independent reports from two registered Psychiatrists.

(ii) Conduct/character

(a) **Convictions** – Has any court in Zimbabwe or elsewhere convicted you of any offence punishable by imprisonment. If yes, please attach a certified copy of your conviction notice(s).

Yes No

(b) **Professional conduct** – if you answer yes to any question please provide full details on a separate sheet.

(i) Did you, for any reason, have any time when you were not participating in your medical/dental degree programme at least 30 days? If so, please indicate why on the space provided on page 10.

Yes No

(ii) Are you now (or have you ever been) the subject of university disciplinary proceedings?

Yes No

(iii) Are you currently, (or have you ever been), the subject of an investigation, in Zimbabwe or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings?

Yes No

(iv) Are you currently, (or have you ever been) the subject of civil proceedings related to competence or negligence issues?

Yes No

SECTION 4 – CERTIFICATE OF KNOWLEDGE OF ENGLISH

THIS IS TO CERTIFY THAT I,

.....

of (residential address).....

.....

(business address).....

.....

have on theday of tested the applicant’s knowledge of English language.

and that as a result thereof I find that his working knowledge of the English language is

.....

(insert good, moderate, fair or poor, as the case may be).

Any remarks qualifying or amplifying the above statement included a brief description of the manner in which the applicant’s knowledge of the English language was tested):

.....

.....

.....
Signature

.....
Status

Note: - This certificate is required to be completed and signed by one of the following persons – The Registrar or any member of the Zimbabwe Medical and Dental Practitioners Council of Zimbabwe; or justice of the peace or a commissioner of oaths if none of the above mentioned persons are available by any English speaking professional person, provided his exact status is defined.

DIPLOMAT SEEKING REGISTRATION

Every practitioner who has diplomatic immunity is required to renounce their Diplomatic Immunity by filling this form.

RENUNCIATION OF THE DIPLOMATIC STATUS.

SOLEMN DECLARATION

I being granted registration as a medical practitioner with the Medical and Dental Practitioners Council of Zimbabwe hereby solemnly acknowledge that for the period of my registration with the said Council I shall be subject to the provisions of the Health Professions Act (Chapter 27: 19) and for this purpose renounce any possible legal claim to diplomatic immunity.

Signed

Date

Witness

Date

I hereby solemnly declare that the information contained herein is correct.

Date

Signature

Declaration

I hereby certify that I am the person who is applying for registration as an intern in Zimbabwe, that I am the person named in the qualifications listed on this application, and that the information I have given above is true and correct.

I understand that the information that I have provided is to be used by Council and its agents for the purposes of considering my application, and may be disclosed to agents of the Council for these purposes.

I understand that Council is authorized under the Health Professions Act (Chapter 27:19) to obtain further information from me or any other person or organization concerning this application and I consent to the collection of such information by the Council or its agents subject to Council notifying me of the person who will be contracted and of the questions that will be asked of them. I further understand that although the provision of any information by me is voluntary, refusal to provide any information may affect Council's consideration of my application.

I understand that I am entitled to access the information held by Council regarding this application by a Request in writing and that I may request correction of any information which is not correct.

I undertake to inform myself of my responsibilities as a registered intern in Zimbabwe and to abide by established codes of professional ethics or conduct and patient's right.

Section 82 of the Health Professions Act (Chapter 27: 19) states that it is an offence for a person:

- (a) to procure, or attempt for himself for or another person registration or a certificate of registration by means of fraud, a false representation or concealment of a material fact.
- (b) makes or causes to be made in connection with an application for registration a false declaration in a document for the purpose of establishing his identity or forges or utters, licensing it to be forged, a document purporting to be a certificated of registration.

A person shall be guilty of an offence and liable to a fine not exceeding \$40 000 or imprisonment for period not exceeding two years or to both such fine and such imprisonment.

Applicant's signature **Date**

SECTION 5 – Proposed Orientation Unit

Please indicate by ticking the appropriate box

Parirenyatwa

Sally Mugabe

Mpilo

United Bulawayo Hospitals

Any other Training Unit approved by Council:

.....

Fees payable

Please note the application fee is non – refundable.

1. Cash
2. Pay Online
3. Swipe on the Point of Sale (POS) at Council Offices
4. Ecocash (Biller Code: 44196): Enter Registration Number or your first name and surname as one word without spaces.
5. RTGS using the following Council banking details:

ACCOUNT NAME : Medical and Dental Practitioners Council Of Zimbabwe
BANK : NEDBANK
BRANCH : AVONDALE
BRANCH CODE : 18107
ACCOUNT No : 11990703010

GUIDELINES FOR REGISTRATION

BACKGROUND

It is a fact that there is a rapidly growing number of foreign-trained medical and dental students in recent years who have challenges passing the Council assessment.

There is a need to strengthen orientation, monitoring, mentoring, supervision and support of the foreign trained doctors through the introduction of a Provisional Register and the requirement to sit the Council assessment which is in line with the provisions of Section 88 (2)(b) of the Health Professions Act (Chapter 27:19).

PROCESS

1. Council may accept any qualification which has not been **prescribed** in terms of [section eighty-five](#) as entitling the holder to be Provisionally Registered if, in all other respects, he satisfies the conditions and requirements of this Part for registration:

Provided that the acceptance of a particular qualification for the provisional registration of one person shall not confer any right to any form of registration on any other person holding the same qualification.

2. An applicant shall submit their application for registration on the Provisional Register of Interns to the Practice Control Committee (PCC) providing:

- (a) 5 O level passes with Mathematics and an approved Science Subject.
- (b) Passes in A' Level Chemistry and any other two subjects, which shall be from the following Biology, Physics or Mathematics or any science degree approved by the Council
- (c) Public Notary certified copy of the medical/dental degree qualification and transcript of training
- (d) Verification
- (e) Fully completed application form
- (f) Prescribed application fee and;
- (g) Prescribed assessment fee.
- (h) Certified Birth Certificate
- (i) Certified Identification Card/Valid Passport

3. Following approval of the application by the PCC, the applicant may opt to sit the Council assessment or opt to undergo a structured orientation first. Those who pass the Council assessment will proceed to be registered on the Council Register of Interns.

Those who sit and fail the Council assessment:

- (a) shall undertake a period of compulsory six months mandatory orientation programme comprised of 2 months medicine, 2 months surgery, 1 month paediatrics and 1 month obstetrics and gynaecology at an institution approved by the Council, during which period the applicant shall be expected to fulfill the requirements of a structured log book and structured orientation programme.
 - (b) shall submit to the PCC satisfactory continuous assessment reports and fully completed log book from the supervising Consultants endorsed by the Clinical Director or Director of Dental Services as the case may apply.
 - (c) is encouraged to attend basic pathology lectures during the six months period.
 - (d) During the period of Provisional Registration, the Intern will be eligible to sit and pass the Council assessment in terms of S. 88(2b) of the Act, subject to receipt of satisfactory 6 months performance reports and submission of a fully completed log book endorsed by the supervising Consultants and the Clinical Director/Director of Dental Services.
 - (e) Would be allowed to repeat the failed discipline subject to undertaking orientation in the failed disciplines as determined by the Assessment Committee of Council.
- 4) During the provisional registration, the intern shall be given four chances to sit the Council assessment.
 - 5) A candidate is deemed to have fulfilled the requirements for registration on the Intern Register if they pass the four subjects with a 50% or more.
- (a) Should an Intern fail to pass the Council assessment within a period of 24 months, of provisional registration, they will be required to join a local medical school to resume pathology and clinical training as a guest student.**
- (b) The applicant will not be required to sit the local university final examination but will sit the Council assessment.
 - (c) To be eligible, for the Council assessment after retraining as a guest student, the Dean shall submit continuous assessment reports to the PCC.
- (6) Subject to this section,(88) a person who is provisionally registered as an intern shall be deemed, for the purposes of this Act, to be registered in the appropriate register for his profession or calling.
 - (7) In terms of (S. 88(7) of the Health Professions Act(Chapter 27:19) Council may at any time cancel the provisional registration of any person;
- Provided that, before doing so the Council shall afford the person concerned an opportunity of showing cause why the provisional registration should not be cancelled.
- (8) In terms of (S. 88(8) of the Health Professions Act (Chapter 27:19, any decision of the Council under this section shall be final and not subject to appeal.