

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

MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

APPLICATION FOR PROVISIONAL REGISTRATION AS A MEDICAL/DENTAL PRACTITIONER IN ZIMBABWE

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, if registered, to maintain a summary of your employment and registration details.
- If your application is approved and you are registered, items marked with * will appear on the Medical Register.
- The Medical Register is a public document. It also shows your registered scope of practice
- 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.
- Practitioners are required to complete the form in full
- **Application fees are non refundable**

Your application should be accompanied by the following documents

1. Verification of qualification with The Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS) **(To be completed before application).**
2. Council Registration Examination.
3. Certified copies of Professional Qualifications i.e. medical degrees etc certified by a Notary Public.
4. Proof of completion of internship.
5. Two certified passport size photographs.
6. Application fee of US\$800 (Eight hundred US dollars) and US\$550 (five hundred and fifty US dollars) for mission doctors and US\$220 for returning Zimbabweans.
7. Two testimonials from senior colleagues you worked with for the past six months.
8. Certificate of Good Standing obtained from the Regulatory Authority of the country you last practiced, or currently practicing.
9. Official medical/dental transcript of training from the university attended.
10. Curriculum Vitae.

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 Names

* 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

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

Contact Address..... Phone

..... Fax

..... Other (*mobile*)

E-mail address

iv) **Nationality:**.....

v) **I.D. No./Passport No**.....

* v) **Qualification** – a) qualification obtained on completion of a primary medical/dental degree course and
 b) postgraduate medical/dental qualification obtained on completion of postgraduate

training (if relevant).		
a) Name of primary medical qualification	* Abbreviation	
* Year graduated	* Graduating University	Country
b) Name of postgraduate medical qualification	* Abbreviation	
* Year awarded	* Awarding University/College	Country

SECTION 2 – 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.

(ii) 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.

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.

(iii) 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 for more than two months?

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

(v) Have you ever been refused medical indemnity insurance cover or had your premiums raised because of professional conduct, competence or negligence related claims?

Yes No

(vi) Have you ever breached any code of ethics relating to boundary issues regarding patient relationships?

Yes No

(vii) Are you currently (or have you ever been) the subject to an order of any of the following:

MDPCZ Disciplinary Committee Yes No

Overseas medical/dental disciplinary tribunal or similar tribunal? Yes No

- (iv) Professional competence** – If your answer is yes to any of the following questions please provide full details on a separate sheet.
- (i) Are you currently (or have you ever been) the subject of a competence enquiry with a registration authority or employer?
- Yes No
- (ii) Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising certificate privileges restricted?
- Yes No
- (iii) Have you ever had your medical/dental licence, certificate of registration or permit to practise medicine suspended, restricted or revoked?
- Yes No
- (iv) Have you ever voluntarily surrendered your medical/dental licence, certificate or registration or permit to practice medicine for any reason other than avoidance of a renewal fee?
- Yes No
- (v) Have you ever had conditions imposed your registration?
- Yes No
- (vi) Have you ever had conditions imposed on your licence/ practising certificate or equivalent?
- Yes No
- (vii) Have you ever been refused a licence/ practising certificate or equivalent?
- Yes No

SECTION 3 – 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.

SECTION 4 – Medical/Dental training, work experience and registration history.

(ii) Postgraduate experience (first 12 months work as a Medical/Dental practitioner)

C. Did you complete a supervised rotating internship after finishing your medical/dental degree?

Yes, please provide details below No

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(iii) Post Intern experience (12 months work as a medical practitioner)

B. Did you complete a supervised rotating internship after finishing your medical/dental degree?

Yes, please provide details below No

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(iv) A. Medical/Dental experience (3rd years out of medical/dental school until starting specialist training to date)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(i) D. Academic practice/experience

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(v) Advanced specialist training (accredited training programme where performance is assessed and qualification is awarded after final examination)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

(vi) Specialist or consultant practice/experience (independent practice after completing specialist training)

Dates (from – to)	Level of appointment	Branch of medicine	Employer	Registration authority	Country

REFERENCES

(i) Title and name

Address

Relationship to you

Dates worked From: To:
together

Phone: Fax:

E-mail:

(ii) Title and name

Address

Relationship to you

Dates worked From: To:
together

Phone: Fax:

E-mail:

(vii) Current registration – Please give details of all medical/dental registration/licensure in other countries.

Country/State	Date registered (from – to)	Registration status

SECTION 5 - Employment and Declaration

(i) Proposed employment in Zimbabwe

Have you been appointed to a position as a doctor in Zimbabwe?

Yes, please provide details below, and Attach a letter of appointment No

Place of work

.....

Contact person

Level of appointment

Supervisor

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 a medical practitioner 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 medical/dental practitioner 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**

Fees payable

Please note the application fee is non – refundable.

Cheque enclosed

Direct deposit to Account No.
Bank Deposited
Signature Date

FOR OFFICIAL USE ONLY

RECEIVED (AMOUNT) RECEIPT NO. DATE

APPROVED:

IF YES: DATE OF REGISTRATION REG NO.

CONDITIONS:

IF NO REASON:

DATE: SIGNATURE:

COMMENTS: _____

