

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
Email: mdpcz@mdpcz.co.zw



Bulawayo Office:

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

APPLICATION FOR RE-REGISTRATION

- Notes for applicants:
1. This form must be used only by practitioners who were previously registered with the Medical and Dental Practitioners Council of Zimbabwe or its predecessor, Health Professions Council of Zimbabwe.
 2. It is only applicable where the practitioner is no longer registered with Council
 3. It is not to be used for renewing Practising Certificates, per se.
 4. It should be accompanied by a current Certificate of Good Standing from the official registering body that the applicant was last practising

1. PARTICULARS OF APPLICANT

1.1 SURNAME:

1.2 FORENAMES:

1.3 PREVIOUS SURNAME (If applicable):

1.4 DATE OF BIRTH: dd mm yyyy

1.5 PLACE OF BIRTH:

1.5.1 TOWN: COUNTRY:

NATIONALITY:

1.6 NATIONAL ID No:

1.7 PASSPORT No:

1.7.1 Place of Issue

1.7.2 Date of Issue

1.7.3 Expiry Date

1.7.4 Issuing Authority

1.8 TITLE (tick one) Prof [] Dr [] Mr [] Mrs [] Miss []

2. BIODATA

2.1 MARITAL STATUS :

SINGLE [] MARRIED []

2.2 RESIDENTIAL ADDRESS:

.....

.....

2.3 MAILING ADDRESS

.....

.....

2.4 TELEPHONE HOME..... WORK.....

CELL NO (S).....

2.5 EMAIL ADDRESS.....

3. PROFESSIONAL QUALIFICATIONS AND EMPLOYMENT HISTORY

3.1 PRIMARY QUALIFICATION

Degree Name in abbreviation (e.g MB ChB)	Date Obtained	Name of the University Granting the Degree

3.2 INTERNSHIP

3.2.1 HOSPITALS WHERE INTERNSHIP WAS SERVED.....

3.2.2 ROTATIONS

NAME OF TRAINING INSTITUTION	DURATION		NAME OF SUPERVISOR
	FROM	TO	

Please submit certificate of completing internship if we do not already hold one in your office.

3.2.3 Subsequent Employment History (Start with the first job after completing internship)

Name of Training Institution	Dates Worked (attached) there (from.....to)	Name of Consultant/Supervisor

3.2.4 Completeness of the Report (Above)

3.2.5 Please explain any gaps of employment above

.....
.....

4. Have you acquired any additional qualifications since being on our register?

.....
.....

5. How did you lose your registration? (Please give full explanation)

.....
.....

6. Did you ever work without a valid practising certificate? Give a detailed explanation

.....
.....

7. What have you been doing since you were last on our register?

.....
.....

If you have not been in formal employment for a period greater than 6 months at a time, please submit documentary support for what you have been doing outside the country and dates concerned.

.....
.....

8. Have you held any non-medical employment? If so, explain

.....
.....

9. For the period you have been off our register, have you been engaged in continuing medical education? If so, please indicate the details below

.....

.....

10. When would you like your registration to be effected? Date

ATTENTION:

- The following questions relate to professionalism, conduct, character and suitability to practise medicine.
- Each question must be answered carefully and honestly. Clarify any uncertainties with the Council before you answer the questions.
- If you do not fully understand what a question means or how it should be answered, contact the Council for assistance.
- Any errors, discrepancies or omissions in your answers, no matter how minor, will delay your application.
- Ensure that you consider any past practice in when answering the questions and that your answers are consistent with those in any previous application you have made to the Council.
- For every "yes" answer, you must provide sufficient explanation and documentation. Without this, the Council cannot proceed with your application. Later in the process, the Council may ask you for further explanation or documentation.
- The Council has a non-exemptible requirement for registration that the conduct of the applicant, including the applicants past conduct, affords reasonable grounds for belief that the applicant:
 - (i) is mentally competent to practise medicine,
 - (ii) will practise medicine with decency, integrity and honesty and in accordance with the law,
 - (iii) has sufficient knowledge, skill and judgment to engage in the medical practice authorized by the certificate, and
 - (iv) can communicate effectively and will display an appropriately professional attitude.
- Knowingly giving a false answer to any question is grounds for refusal of the application by the Practice Control Committee and is an offence under Section 149 of the Health Profession Authority C27:19

APPLICATIONS TO MEDICAL LICENSING AUTHORITIES

In the following questions, "medical licence" includes any certificate of registration or permit to practice medicine of any type full, limited, temporary, provisional, training, etc.

- (i) Have you ever applied anywhere for a medical licence and been refused? Yes No
- (ii) Have you ever been refused renewal of your medical licence? Yes No
- (iii) Are you now applying for a medical licence in any jurisdiction other than MDPCZ? Yes No

For every "yes" answer, provide a detailed explanation including all relevant names and dates.

11. Please fill in the MDPCZ Form, "APPLICATION FOR A PRACTISING CERTIFICATE"

12. I certify that the above information is correct:

SIGNED DATE

13. **REQUIREMENTS FOR RE-REGISTRATION**

- *Original Certificate of Good Standing issued within 3 months*
- *Detailed Curriculum Vitae*
- *2 passport size photos*
- *Application fee of:*
US220 for Medical/Dental Practitioners & Dental Technicians
US30 for Interns and Dental Therapists
US800 for non-Zimbabwean practitioners who were on the Provisional Register
- *Proof of CME Activities*
- *2 Testimonial letters from Senior colleagues worked with for the past 6 months*

FOR OFFICIAL USE ONLY

RECEIVED (AMOUNT) RECEIPT NO DATE

APPROVED : YES NO

IF YES : DATE OF REGISTRATION

CONDITIONS :

IF NO: REASONS

DATE:

SIGNATURE:

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MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

APPLICATION FOR A PRACTISING CERTIFICATE

(Complete in block letter)

I hereby apply for registration as a(State Profession)

REGISTRATION NUMBER

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SURNAME:.....

FORENAMES:.....

REGISTRATION ADDRESS/POSTAL ADDRESS.....

.....

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

1. DETAILS OF LAST EMPLOYMENT

EMPLOYER.....

2. DATE OF EMPLOYMENT FROM **TO**.....

EMPLOYED YES NO

NAME OF PLACE OF PROPOSED EMPLOYMENT

PHYSICAL ADDRESS.....

POSTAL ADDRESS

COMMENCEMENT D D M M Y Y

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TICK AS APPROPRIATE

3. AREA OF EMPLOYMENT

GOVERNMENT

LOCAL AUTHORITY

MISSION

PRIVATE

OTHER (Specify).....

4. EMPLOYMENT STATUS

FULL TIME

PART TIME

TEMPORARY

5. TYPE OF INSTITUTION

HOSPITAL

LABORATORY

CLINIC

NURSING HOME

EDUCATIONAL INSTITUTION

MINES

OTHER (Specify).....

6. PROVINCE EMPLOYED

BULAWAYO

MASHONALAND WEST

HARARE

MIDLANDS

MANICALAND

MATEBELELAND NORTH

MASVINGO

MATEBELELAND SOUTH

MASHONALAND EAST

MASHONALAND CENTRAL

7. IF NOT EMPLOYED REASON

POSITION NOT AVAILABLE

FAMILY REASON

TO GO ABROAD

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 THIER 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.....