THIS FORM MUST BE ACCOMPANIED BY AN APPLICATION FEE OF $55

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 FORM FOR LIMITED PRIVATE PRACTISING

CERTIFICATE FOR ZIMBABWEAN DOCTORS

PART `A` TO BE COMPLETED BY THE APPLICANT

1. Profession _____ 2. Reg .No_____

3. Surname _____

4. Forename(s) _____

5. Nationality _____

6. Registered Address _____

7. Email Address _____

8. Present Employer _____

9. Postal Address _____

CURRENT EMPLOYMENT DETAILS

INSTITUTION (HOSPITAL)	POSITION HELD	FROM	TO

PART 'B` CONDITIONS FOR UNDERTAKING LIMITED PRIVATE PRACTICE

1. **Zimbabweans with Local Qualifications/ Zimbabweans with foreign qualifications and local internship**

   - Successful completion of the first and second year internship.
   - Successful completion of one year Dental internship.
   - Should identify a supervisor on whose behalf patients are seen.
   - Should practise **within** the confines of the skills of a Supervisor/Named Mentor.
   - Patients are seen on a **locum basis** on behalf of the Supervisor.
   - The Private Practice should be undertaken **outside** normal working hours so as not to interfere with other GME/GDE duties at the DHI.
   - All prescriptions for dangerous Drugs should be **ratified** by the Supervisor/Named Mentor.

2. **Zimbabweans with foreign qualifications and foreign Internship**

   Limited Private Practice may be granted to Zimbabwean doctors with foreign qualifications who undertake internship out of Zimbabwe under the following conditions.

   - Successful completion of internship.
   - Undertaking 2 years GME in a Designated Health Institution
   - Should practice within the confines of the skills of a supervisor/named mentor.
   - Patients are seen on a locum basis on behalf of the supervisor.
   - Should be undertaken outside normal working hours so as not to interfere with other GME duties at the DHI.
   - All prescriptions for dangerous Drugs should be ratified by the supervisor/named mentor.

I _____ acknowledge that I have read and understood the conditions governing Limited Private Practice and will be abide by them.

DATE _____ SIGNATURE _____

PART `C' TO BE COMPLETED BY THE CLINICAL DIRECTOR/PMD/SUPERVISOR.

DO YOU RECOMMEND THE ABOVE AS CLINICALLY COMPETENT AND SUITABLE TO UNDERTAKE LIMITED PRIVATE PRACTICE: YES/NO

REPORTED BY: NAME _____ QUALIFICATIONS _____
(Supervisor)

DATE: _____ SIGNATURE _____

CLINICAL DIRECTOR/: _____ SIGNATURE _____
PROVINCIAL MEDICAL DIRECTORATE

PART `D' FOR OFFICIAL USE

APPROVED/ NOT APPROVED/DEFERRED _____

COMMENTS _____

DATE _____ CHAIRPERSON _____