**THIS FORM MUST BE ACCOMPANIED BY AN APPLICATION FEE OF**

8 Harvey Brown
Milton Park
Harare
Cell: 0712 879646
E-mail: mdpcz@mdpcz.co.zw

P. O. Box CY 810
Causeway
Harare
Telephone: 792195

# MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE

## APPLICATION FOR UNRESTRICTED PRACTISING CERTIFICATE

**NOTE:** ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITAL

**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 ____________________

10. EMPLOYMENT IN ZIMBABWE SINCE QUALIFYING (IF THE SPACE IS INADEQUATE ATTACH AN ADDITIONAL PAPER)

| INSTITUTION (HOSPITAL) | POSITION HELD | FROM | TO |
|---|---|---|---|
| | | | |
| | | | |

11. Are you a contract officer Yes/No____________________

12. Present condition endorsed on P.C____________________

13. What type of practice do you aim to pursue____________________

14. Any relevant comment____________________

____________________

**DATE:**_______________________________________ **SIGNATURE:**_________________________________

*PART 'B` TO BE COMPLETED BY THE HOSPITAL MEDICAL SUPERINTENDANT/THE APPROVED SUPERVISOR.*

**ATTENTION IS DRAWN TO SECTION 39 (V) OF THE MEDICAL, DENTAL AND ALLIED PROFESSIONS ACT (CHAPTER 224)**

'The Practice Control Committee shall not refuse either to issue or renew a practising certificate unless it has grounds for believing that the applicant concerned

(a) is not registered in respect of the profession or calling concerned; or

(b) is not a fit and proper person to hold a practising certificate by reason of –

(i) his physical or mental health; or

(ii) the fact that he is not of good character and reputation; or

(iii) the fact that his conduct in relation to his profession or calling has, at any time been improper or disgraceful; or

(iv) in the case of the issue of a practising certificate, the fact that he has not had sufficient practical experience or the fact that he has not attained a standard of competence or proficiency, in the profession or calling concerned; or

(v) 'IN THE CASE OF RENEWAL OF A PRACTISING CERTIFICATE, THE FACT THAT HIS STANDARD OF THE PROFESSION OR CALLING CONCERNED HAD DETERIORATED BELOW THAT WHICH IS ACCEPTABLE IN THE PUBLIC INTEREST'

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DO YOU RECOMMEND THE ABOVE NAMED AS CLINICALLY COMPETENT AND SUITABLE TO PRACTICE INDEPENDENT: YES/NO

COMMENT ______________________________________________________________

______________________________________________________________

______________________________________________________________

REPORTED BY: NAME ________________________________ QUALIFICATIONS______________________

DATE: ________________________________________ SIGNATURE__________________________

CLINICAL DIRECTOR/________________________________ SIGNATURE__________________________
PROVINCIAL MEDICAL DIRECTOR

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**PART `C' FOR OFFICIAL USE**

APPROVED/ NOT APPROVED/DEFERRED___________________________________________________

COMMENTS__________________________________________________________________

DATE ______________________________ CHAIRPERSON ______________________________________________