

**APPLICATION FOR PRE-REGISTRATION SUPERVISORY STATUS**

**Members of the practice control committee (Pharmacists Council of Zimbabwe)**

**CRITERIA COMPLIANCE**

**Applicant Name ----- Reg. No. ----- Date-----**

**Documents checked by----- Date-----**

<b>Requirements</b>	<b>Tick if present</b>	<b>Comments</b>
1. A minimum of 3 years practising		
2. A list of all formal qualifications		
3. Copy of Registration Certificate		
4. Copy of Valid Practising Certificate		
5. Any disciplinary matters with PCZ and MCAZ		
6. Membership of professional Associations		
7. Participated/attended Conference/CPD ( <b>Attach Certificates for CPD</b> )		
8. Relevant application fees (USD \$23 payable at the prevailing interbank rate)		

**Registrar's overall comments**

-----  
-----  
-----  
-----

**Chairman's overall comments**

-----  
-----  
-----  
-----