



**PHARMACISTS COUNCIL OF ZIMBABWE**

**APPLICATION FOR PRE-REGISTRATION**

Please Note: In complete forms will delay the processing of the application

**ALL DOCUMENTS BELOW MUST BE SUBMITTED WITH THIS FORM**

1. Certified copies of degrees, Diplomas, Certificates
  2. Solemn Declaration (attached)
  3. Syllabus of training (if trained outside Zimbabwe).
  4. Transcript of training. (if trained outside Zimbabwe)
  5. Two certified passport-size photographs.
  6. Certified Copy of ID.
  7. Certified Copies of "O" and "A" Level Certificates
  8. A letter/Certificate as a Registered Supervisor (from the supervisor)
  9. Completion of Forensic Examination conducted by the MCAZ.(if trained outside Zimbabwe).
  10. Any other supporting documents.
- (a) A FEE OF US\$.....FOR RESIDENTS OF ZIMBABWE MUST BE ENCLOSED WITH THIS APPLICATION.
- (b) A FEE OF US\$.....FOR APPLICANTS TRAINED OUTSIDE ZIMBABWE.

FOR OFFICE USE ONLY

RECEIVED (AMOUNT) Z\$/US\$.....RECEIPT NUMBER..... DATE.....

**NOTE:**

- (i) Documents which are in a language other than English must be translated into English and properly authenticated.
- (ii) **The Council is empowered to require an applicant to comply with specific requirements e.g. employment under supervision, as a condition of registration**
- (iii) **ANY PERSON WHO PRACTICES HIS PROFESSION IN ZIMBABWE WHILST NOT REGISTERED AND NOT IN POSSESSION OF A CURRENT PRACTISING CERTIFICATE IS LIABLE TO PROSECUTION.**