

PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR A PRACTISING CERTIFICATE

COMPLETE IN BLOCK LETTERS

I hereby apply for a practising certificate to practice as a.....
(State profession)

REGISTRATION NUMBER

SURNAME.....

FIRST NAMES.....

REGISTRATION ADDRESS/POSTAL ADDRESS.....

.....

E-MAIL:.....

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

1. DETAILS OF LAST EMPLOYMENT

EMPLOYER.....

DATE OF EMPLOYMENT: FROM..... TO.....

2. DETAILS OF EMPLOYMENT IN ZIMBABWE

EMPLOYED () YES () NO

NAME OF PLACE OF PROPOSED EMPLOYMENT.....

PHYSICAL ADDRESS.....

POSTAL ADDRESS.....

COMMENCEMENT DATE

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3. **AREA OF EMPLOYMENT**

- GOVERNMENT MISSION
- PRIVATE LOCAL AUTHORITY
- OTHER

4. **EMPLOYMENT STATUS**

- FULL TIME PARTTIME TEMPORARY

5. **TYPE OF INSTITUTION**

- HOSPITAL CLINIC EDUCATION INSTITUTE
- PHAMACY LABORATORY NURSING HOME
- MINES MOBILE POST AGENCY

6. **PROVINCE EMPLOYED**

- BULAWAYO HARARE MANICALAND
- MASHONALAND CENT. MASH.WEST MASH.EAST
- MASVINGO MAT NORTH MAT.SOUTH
- MIDLANDS

7. **IF NOT EMPLOYED - REASON**

- POSITION NOT AVAILABLE FAMILY REASON
- TO GO ABROAD UNDERTAKING FURTHER STUDIES
- RETIRED

IT IS AN OFFENCE TO PRACTISE IF NOT IN POSSESSION OF A CURRENT PRACTISING CERTIFICATE.

NOTE: PERSONS WHO DO NOT REMAIN IN CONTINUOUS PRACTICE MAY BE REQUIRED ON WISHING TO RESUME THEIR PRACTICE TO WORK IN A SPECIFIED FOR A SPECIFIED PERIOD.

DATE..... **SIGNATURE**.....

APPROVED: () YES () NO

CONDITIONS IF ANY.....

IF NO – REASON.....

.....

DATE..... SIGNATURE.....