



PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR UNRESTRICTED PRACTISING CERTIFICATE

NOTE: ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS

PART "A" TO BE COMPLETED BY THE APPLICANT

- 1. Profession.....2. Reg.No.....
- 3. Surname.....
- 4. Forenames.....
- 5. Date of Birth.....6. Sex.....
- 7. Nationality.....
- 8. Registered Address.....
- 9. Postal Address.....
- 10. E-mail Address.....
- 11. Telephone Numbers.....
- 12. Present Employer.....
- 13. Employer's Address.....

14. EMPLOYMENT IN ZIMBABWE SINCE QUALIFYING (PLEASE INDICATE HISTORY FROM PRE-REGISTRATION)

INSTITUTION	POSITION HELD	FROM	TO

- 14. Are you on a restricted work permit Yes/No.....
- 15. If yes Specify.....

- 16. Present condition endorsed on P.C.....
- 17. What type of practice do you aim to pursue?.....
- 18. Any relevant comment.....
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DATE..... SIGNATURE.....

The Practice Control Committee shall refuse either to issue or renew a practising certificate if it has reasonable 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 an open 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 an open practising certificate, the fact that he has not had sufficient practical experience of the fact that he has not attained a standard of competence or proficiency, in the profession or calling concerned.

PART "B"

TO BE COMPLETED BY THE SUPERVISOR

DO YOU RECOMMEND THAT THE ABOVE NAMED IS COMPETENT AND SUITABLE TO PRACTICE INDEPENDENTLY YES/NO

SUPERVISOR'S COMMENT.....

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REPORTED BY NAME.....QUALIFICATIONS.....

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

OFFICIAL STAMP
