



PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR PROVISIONAL REGISTRATION

Incomplete applications will be subject to delay in processing

DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

1. Certificate of Good Standing(Original) issued by the registering authority where you are currently practising (issued within the last three months)
2. Certified copies of degree, Diplomas, Certificates.
3. Certificate of completion of internship (where appropriate).
4. Certificate of knowledge of English / Affirmation (attached).
5. Two recent testimonials from professional colleagues (relative to the last six months).
6. Syllabus of Training.
7. Transcript of Training.
8. Two recent passport-size photographs.
9. Proof of passing Forensic conducted by the Medicines Control Authority.
10. Certified copies of "O" and "A" Level Certificates
11. Certified copy of ID
12. Any other supporting documents.

(a) A FEE OF Z\$..... FOR RESIDENTS OF ZIMBABWEAN MUST BE ENCLOSED WITH THIS APPLICATION

(b) A FEE OF US\$.....FOR APPLICANTS TRAINED OUTSIDE ZIMBABWE.

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|--|
| FOR OFFICE USE ONLY |
| RECEIVED (AMOUNT) \$.....RECEIPT NUMBER..... |
| DATE..... |

NOTE: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 ofRegistration.**
- R (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.**

1. PERSONAL DATA

TITLE . MR MRS MISS

MALE FEMALE

SURNAME:.....

FIRST NAMES:.....

PREVIOUS NAMES (where applicable).....

DATE OF BIRTH:

PLACE OF BIRTH: TOWN: COUNTRY:

NATIONALITY:.....

MARITAL STATUS: MARRIED SINGLE OTHER (STATE).....

PERMANENT HOME ADDRESS:

.....

CONTACT ADDRESS:

E-MAIL ADDRESS

TELEPHONE:

2. PROFESSIONAL QUALIFICATIONS

| QUALIFICATIONS | NAME OF TRAINING INSTITUTE | DURATION | | AWARDED BY | DATE AWARDED |
|----------------|----------------------------|----------|----|------------|--------------|
| | | FROM / | TO | | |
| | | | | | |
| | | | | | |
| | | | | | |

3. DETAILS OF INTERNSHIP (where applicable)

| NAME AND PLACE | FROM | TO | DISCIPLINE |
|----------------|------|----|------------|
| | | | |
| | | | |
| | | | |
| | | | |

4. DETAILS OF PRESENT EMPLOYER

NAME OF EMPLOYER: FROM:.....

ADDRESS:

.....

| CURRENT LICENCE NUMBER | COUNTRY | DATE OF ISSUE | EXPIRY DATE |
|------------------------|---------|---------------|-------------|
| | | | |
| | | | |

5. POST GRADUATE EXPERINCE/ EMPLOYMENT

Please list all post graduate employment reverse chronological order. You are welcome to provide greater details in an attachment t this form.(please do not leave gaps)

5.1 DATES FROM:..... TO:.....

EMPLOYERS NAME:.....

EMPLOYERS ADDRESS:.....

JOB TITLE:.....

BRIEF JOB DESCRIPTION:.....

.....

.....

5.2 DATES FROM;..... TO:.....

EMPLOYERS NAME:.....

EMPLOYERS ADDRESS:.....

JOB TITLE:.....

BRIEF JOB DESCRIPTION:.....

.....

.....

5.3 DATES FROM:..... TO:.....

EMPLOYERS NAME:.....

EMPLOYERS ADDRESS:.....

JOB TITLE:.....
BRIEF JOB DESCRIPTION:.....

.....

5.4 DATES FROM:.....TO.....

EMPLOYERS NAME:.....

EMPLOYERS ADDRESS.....

JOB TITLE:.....

BRIEF JOB DESCRIPTION:.....

5.5 DATES FROM:.....TO:.....

EMPLOYERS NAME:.....

EMPLOYERS ADDRESS:.....

JOB TITLE:.....

BRIEF JOB DESCRIPTION:.....

.....

.....

6. CAREER OBJECTIVE

(including aims of obtaining registration and proposed field of practice)

.....

.....

.....

7. ANY OTHER RELEVANT INFORMATION

.....

.....

I hereby certify that the above information is correct.

DATE:.....SIGNATURE.....

FOR OFFICIAL USE ONLY

YES

NO

APPROVED:

IF YES: DATE OF REGISTRATION.....
REGISTRATION NUMBER

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

CONDITIONS:.....

IF NO: REASON.....

DATE:..... SIGNATURE.....

PHARMACISTS COUNCIL OF ZIMBABWE

SOLEMN DECLARATION

I,

A (Quote Profession).....

Of (Residential Address)

(Business Address).....

do hereby solemnly and sincerely declare as follows:

1. THAT I am the person whose name appears on the certificate of the degree, diploma or other certificate on which I rely as a qualification for registration, being Certificate No.

(If applicable) Dated which was issued

to me by theafter having

been duly examined by the said..... the original (or certified true copy) of which is attached. (Unless the certificate is in Latin or English a certified translation in English must also be attached.)

2. THAT -

(a) I have never been debarred from practice on the grounds of professional misconduct;

(b) my name has never been removed from any register of members of my profession kept in accordance with the laws of any country in which I have practiced my profession;

(c) no inquiry is pending which may result in -

(i) my being debarred from practice on the grounds of professional, misconduct, or

(ii) the removal of my name from any register referred to in sub-paragraph (b).

2. THAT the universities, medical schools or training schools at which and the periods during which I received my training are as follows:

.....

4. THAT I reside or intend if registration is granted to reside within Zimbabwe.

.....
Signature

Declared before me at..... thisday of.....,20

.....
Signature of attesting officer

.....
Qualification of attesting officer

Note: This certificate is required to be completed and signed by one of the following persons-
The registrar or any other member of the Zimbabwe Pharmacists Council; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person, provided his exact status is defined.

PHARMACISTS COUNCIL OF ZIMBABWE

CERTIFICATE OF KNOWLEDGE OF ENGLISH

THIS IS TO CERTIFY that I,

.....

have on the day of, 20.....

Interviewed

Of (residential address)

(business address)

and that as a result thereof I find that his working knowledge of the English language is

.....(insert good, moderate, fair or poor, as the case may be).

Any remarks qualifying or amplifying the above statement including a brief description of the manner in which the applicant's knowledge of the English language was tested):

.....

.....

.....
signature

.....
Status

NOTE: This certificate is required to be completed and signed by one of the following persons-
The registrar or any member of the Zimbabwe Pharmacists Council; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person, provided his exact status is defined.

