



PHARMACISTS' COUNCIL ZIMBABWE

2 Cork Road. Belgravia Harare, Telephone: 740074/740158/741302/0772137039
P.O BOX CY 2138, Causeway, Harare. Email Address: admin@pcz.co.zw

**RENEWAL OF A PRACTISING CERTIFICATE: HEARING AID SPECIALIST
2020**

(a) Renewal of Practising Certificate for the period January to December 2020:

Total Amount Due

z\$ 759.00 (including VAT)

PCZ Account Number: CBZ KWAME NKURUMAH: ACC.NO. 011 213 124 500 19

Your Practising Certificate authorising you to practise as a **Hearing Aid Specialist** expires on **31 December 2019**. If you wish to continue to practise after this date, **complete and return this form with the appropriate fees as soon as possible before 31 January 2020**. You are required to complete all sections on the form to enable Council to update its records.

REGISTRATION NUMBER:

FULL NAME:

Failure to pay the full amount by the due date will attract late payment penalties.

NOTE: PROOF OF ATTENDING CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAMMES MUST BE ATTACHED TO THIS FORM.

It is an offence to practise whilst not in possession of a valid Practising Certificate and failing to advise Council of any change in your registration particulars.

P.T.O

TO BE COMPLETED BY ALL APPLICANTS

PRACTITIONER INFORMATION UPDATE FORM (Kindly Print)

1. First Name.....2. Middle Name.....

3. Maiden Name.....4. Surname.....

5. Gender.....6. Marital Status.....

7. Date of Birth.....8. Place of Birth.....

9. National ID Number.....10. PCZ Number.....

11. Profession

12. Qualification(s) [include awarding institution(s) and year of award]

(a).....

(b).....

(c).....

(d).....

(e).....

13. Residential Address.....

14. Postal Address

15. Email Address.....

16. Cellphone Number(s)

17. Current Employer.....Date of Commencement.....

18. Institution Employed and Physical Address

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19. Business telephone number

20. Employment Status: Full Time.....Part Time.....Temporary.....

21. Area of Employment: Government.....Mission....Local Authority.... Private....

22. Type of Institution

Hospital.....Academic.....Retail Pharmacy.....Regulatory.....Industry.....

Private Practice (Optometry/Dispensing Optician).....Other (Specify).....

23. Province Employed.....24. District.....

25. Town Employed.....

26. Current Studies.....

PLEASE ENSURE THAT ALL THE SECTIONS ABOVE ARE COMPLETED.