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**THIS FORM MUST BE ACCOMPANIED BY AN APPLICATION FEE OF $55**

**Bulawayo Office:**

2 Robertson Street

Parkview

Tel: (09) 72237/8

Cell: 0777 884 162

Website: www.mdpcz.co.zw

**Harare Office:**

8 Harvey Brown, Milton Park

P.O Box CY 810, Causeway

Cell: 0712 879 646

Tel: (04) 792195/793709/793707/790139

Email: mdpcz@mdpcz.co.zw

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**

**APPLICATION FORM FOR LIMITED PRIVATE PRACTISING CERTIFICATE FOR NON-ZIMBABWEAN DOCTORS**

**PART `A` TO BE COMPLETED BY THE APPLICANT**

**E**

Profession Reg .No

Surname

Forenames

Nationality

Registered Address

Postal Address

Present Employer

CURRENT EMPLOYMENT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| INSTITUTION  (HOSPITAL) | POSITION HELD | FROM | TO |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART `B’ CONDITIONS FOR UNDERTAKING LIMITED PRIVATE PRACTICE**

**1. Non Zimbabwean Doctors with local qualifications**

Successful completion of the first and second year internship.

Undertaking GME year in a Designated Health Institution

Should practice within the confines of the skills of a supervisor/named mentor.

Patients are seen on a locum basis on behalf of the supervisor.

Should be undertaken outside normal working hours so as not to interfere with other GME

duties at the DHI.

All prescriptions for dangerous Drugs should be ratified by the supervisor/named mentor.

**2. Non Zimbabwean Doctors with foreign qualifications who undertake internship in Zimbabwe**

May be permitted to undertake limited private practice during their 2nd year of GME under the following conditions

Successful completion of the first and second year internship.

Should practice within the confines of the skills of a supervisor/named mentor.

Patients are seen on a locum basis on behalf of the supervisor.

Should be undertaken outside normal working hours so as not to interfere with other GME

duties at the DHI

All prescriptions for dangerous Drugs should be ratified by the supervisor/named mentor.

**3. Non Zimbabwean Doctors with foreign qualifications who undertook internship outside**

**Zimbabwe**

Limited Private Practice may be granted to foreign (Non Zimbabwean) Medical/Dental practitioners on the provisional register under the following conditions.

Upon successful completion of 2 years supervised practise in a Designated Health

Institution with reports on each of 3, 6, 9 , 12, 18 and 24 months work.

Practise in a registered premises with a registered practitioner.

Patients are seen on a locum basis on behalf of the supervisor/named mentor.

**I acknowledge that I have read and understood the conditions governing Limited Private Practice and will be abide by them.**

DATE SIGNATURE

**PART `C’ TO BE COMPLETED BY THE CLINICAL DIRECTOR/PMD/SUPERVISOR.**

DO YOU RECOMMEND THE ABOVE AS CLINICALLY COMPETENT AND SUITABLE TO UNDERTAKE LIMITED PRIVATE PRACTICE: YES/NO

REPORTED BY: NAME QUALIFICATIONS

DATE: SIGNATURE

CLINICAL

DIRECTOR: SIGNATURE

**PART `D’ FOR OFFICIAL USE**

APPROVED/ NOT APPROVED/DEFERRED

COMMENTS

DATE CHAIRPERSON