

**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**

No. 8 Harvey Brown Avenue  
 Milton Park  
 Harare  
 Cell No: 0712 879 646  
 Email: [mdpcz@mdpcz.co.zw](mailto:mdpcz@mdpcz.co.zw)



P. O. Box CY 810  
 Causeway  
 Harare  
 Telephone: 792195/2933177  
 Website: [www.mdpcz.co.zw](http://www.mdpcz.co.zw)

**APPLICATION FOR REGISTRATION**

I hereby apply for registration as a .....

**1. PARTICULARS OF APPLICANT**

TITLE:       MR                               MRS                               MISS                               MS                               DR

SEX:          MALE                               FEMALE

SURNAME: .....

FORENAMES: .....

PREVIOUS SURNAME (IF APPLICABLE) .....

DATE OF BIRTH                              D   D   M   M   Y   Y  
 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PLACE OF BIRTH ..... COUNTRY ..... NATIONALITY .....

RESIDENTIAL ADDRESS .....

.....

CELL NO. .... TEL (HOME) .....

EMAIL ADDRESS .....

I.D. NUMBER .....

**2. PROFESSIONAL QUALIFICATION(S)**

QUALIFICATION(S)	NAME OF TRAINING INSTITUTION	DURATION		AWARDED BY	DATE AWARDED
		FROM	TO		

I hereby certify that the above mentioned information is correct.

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



**FOR OFFICAL USE ONLY**

RECIEVED (AMOUNT) ..... RECEIPT NO..... DATE.....

APPROVED:  YES  NO

IF YES: DATE OF REGISTRATION..... REG No.....

CONDITIONS: .....

IF NO REASON:.....

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

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**APPLICATION FOR A PRACTISING CERTIFICATE**  
(Complete in block letter)

I hereby apply for registration as a .....(State Profession)

REGISTRATION NUMBER 

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SURNAME:.....

FORENAMES:.....

REGISTRATION ADDRESS/POSTAL ADDRESS.....  
.....

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

**1. DETAILS OF LAST EMPLOYMENT**

EMPLOYER.....

**2. DATE OF EMPLOYMENT FROM** ..... **TO**.....

EMPLOYED  YES  NO

**NAME OF PLACE OF PROPOSED EMPLOYMENT** .....

PHYSICAL ADDRESS.....

POSTAL ADDRESS .....

COMMENCEMENT 

D	D	M	M	Y	Y
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**TICK AS APPROPRIATE**

**3. AREA OF EMPLOYMENT**

- GOVERNMENT  LOCAL AUTHORITY
- MISSION  PRIVATE

OTHER (Specify).....

**4. EMPLOYMENT STATUS**

- FULL TIME  PART TIME  TEMPORARY

**5. TYPE OF INSTITUTION**

HOSPITAL

LABORATORY

CLINIC

NURSING HOME

EDUCATIONAL INSTITUTION

MINES

OTHER (Specify).....

**6. PROVINCE EMPLOYED**

BULAWAYO

MASHONALAND WEST

HARARE

MIDLANDS

MANICALAND

MATEBELELAND NORTH

MASVINGO

MATEBELELAND SOUTH

MASHONALAND EAST

MASHONALAND CENTRAL

**7. IF NOT EMPLOYED REASON**

POSITION NOT AVAILABLE

FAMILY REASON

TO GO ABROAD

UNDERTAKING FURTHER STUDIES

OTHER (Specify).....

*IT IS AN OFFENSE TO PRACTISE IF NOT IN POSSESSION OF A VALID PRACTISING CERTIFICATE*

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

DATE.....

SIGNATURE.....

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**FOR OFFICIAL USE ONLY**

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APPROVED:  YES

NO

CONDITIONS IF ANY: .....

IF NO: REASON .....

DATE.....

SIGNATURE.....