

DATE OF REGISTRATION:.....

---

---

**ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE**

---

---

**APPLICATION FOR STUDENT ULTRASONOGRAPHER**

**DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM**

1. Copy of Radiography Registration certificate
2. Copy of Radiography Practising Certificate
3. Copy of acceptance letter from Training institution
4. Registration fee applies

**1. PARTICULARS OF APPLICANT**

TITLE	MR ( )    MRS ( )    MISS ( )    MS ( )
SEX	MALE ( )                  FEMALE ( )
FULL NAME (Start with surname)	
RADIOGRAPHY REGISTRATION NUMBER	
RADIOGRAPHY REGISTRATION DATE	
RESIDENTIAL ADDRESS	
CELL NO	
EMAIL ADDRESS	

**2. PROGRAMME DETAILS**

NAME OF COLLEGE/ UNIVERSITY/TRAINING SCHOOL	
DEGREE/PROGRAMME BEING UNDERTAKEN	
DATE OF COMMENCEMENT	
DATE OF COMPLETION	

DATE:.....

SIGNATURE.....

**DEAN/HEAD OF SCHOOL OF TRAINING**

.....

SIGNATURE:.....

---

**For Official Use only**

Signature of Education Committee Chairperson: \_\_\_\_\_ Approved ( ) Disapproved ( )  
Date:.....

**Received Amount** .....

**Date**.....

**Receipt Number**.....