



THE VETERINARY COUNCIL OF ZAMBIA

The Veterinary and Veterinary Para-Professions (General) Regulations, 2013

APPLICATION FOR GRANT () RENEWAL () OF PRACTISING CERTIFICATE

(Sections 22 and 24 of the Veterinary and Veterinary Para-Professions Act, 2010)

Please complete in block letters		Shaded fields for official use only		Code			
				Date/Time			
Information Required		Information Provided				√	
1.	Name(s) of applicant (a) Surname: (b) Forename (s)						
2.	Nationality - National Registration Card No. - Passport No.						
3.	Notification address Tel: Fax: E-mail:						
4.	Type of certificate held by applicant (State certificate No. and scope of practice)	Provisional	Temporary	Limited	Specialist	Other	
5.	Continuous professional development undertaken since last registration						

6.	Name of Employer				
7.	Address of Employer				
8.	Certificates previously held by the applicant under the Veterinary and Veterinary Para-Professions Act, 2010, or similar legislation outside Zambia <i>(Attach certified copies)</i>	Certificate No.	Location		
9.	Certificates currently held by applicant in Zambia, if any, under the Veterinary and Veterinary Para-Professions Act, 2010	Certificate No. and Type:	Location:		
10.	Have you ever been convicted of an offence involving Fraud or dishonesty or of any offence under the Veterinary and Veterinary Para-Professions Act, 2010, or of any other law within or outside Zambia. If yes, specify details:..... Nature of offence:..... Date of conviction:..... Sentence:.....				
11.	Have you, in the past two years been addicted to, or used in excess, any drug or chemical substance, or alcohol, which affected your abilities to perform professional duties?				
12.	Have you in the past two years been treated for drug or alcohol addition at a rehabilitation program or centre?				
13.	Have you, in the past two years been treated for emotional or mental disorder, which affected your abilities to perform professional duties?				
14.	Has your Certificate of registration been suspended or cancelled? If yes, please give details below:				
15.	Have you ever applied for a practising certificate under the Veterinary and Veterinary Para-Professions Act, 2010? If yes, please give details below:				
	Certificate No.	Date issued	Date of suspension or cancellation	Reasons for suspension/cancellation	
16.	Appendix				
	Attach copies of continuous professional development and training acquired since last practising certificate				

Applicant's signature _____

_____ Date

FOR OFFICIAL USE ONLY

Received by: _____

Officer

RECEIPT No.

Date Received _____

Amount Received _____

STAMP

Serial No. of application: _____