



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)

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|----------------------------------|--|-------------------------------------|-----------|-----------|------------|-------|--|
| Please complete in block letters | | Shaded fields for official use only | | Code | | | |
| | | | | Date/Time | | | |
| <i>Information Required</i> | | <i>Information Provided</i> | | | | √ | |
| 1. | Name(s) of applicant (a) Surname: (b) Forename (s) | | | | | | |
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| 2. | Nationality - National Registration Card No. - Passport No. | | | | | | |
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| 3. | Notification address Tel: Fax: E-mail: | | | | | | |
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| 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 | | | | | | |

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|-----|---|---------------------------|------------------------------------|-------------------------------------|--|
| 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 (Attach certified copies) | Certificate No. | Location | | |
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| 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. | <p>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.</p> <p>If yes, specify details:.....</p> <p>Nature of offence:.....</p> <p>Date of conviction:.....</p> <p>Sentence:.....</p> | | | | |
| 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. | <p>Have you ever applied for a practising certificate under the Veterinary and Veterinary Para-Professions Act, 2010?</p> <p>If yes, please give details below:</p> | | | | |
| | Certificate No. | Date issued | Date of suspension or cancellation | Reasons for suspension/cancellation | |
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| | | | | | |
| 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: _____