

FORM A

THE MEDICAL ACT, 1976

APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER

To the Medical Council

Name of Applicant \_\_\_\_\_

Date of Applicant \_\_\_\_\_

Address of Applicant

\_\_\_\_\_ Tel No. \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Qualifications of Applicant \_\_\_\_\_

Where were Qualifications obtained?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

Note\*

1. Full Registration – Original Degree Certificate
2. Certified Photostat or certified copies of academic certificates of diplomas;
3. Certificate of Registration or License;
4. Certificate of Good Standing with registering body or valid License;
5. Names and addresses of two (2) medical referees;
6. Passport size photograph.

TO BE COMPLETED BY THE REGISTRAR

Date of registration or refusal \_\_\_\_\_

Registration No. \_\_\_\_\_

Reason for refusal if refused \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Registrar

N.B. Form may be copied, not typed over.

A PERSONAL INTERVIEW IS REQUIRED FOR FULL REGISTRATION.