

SPECIAL REGISTRATION

FORM A

THE MEDICAL ACT, 1976

APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER

To the Medical Council of Jamaica

Name of Applicant.....
(Block letters)

Date of Application.....

Address of Applicant.....

.....Tel. No.....

Email.....Nationality.....

Date of Birth of Applicant.....Sex:..M.....F.....

Qualifications of Applicant.....

Where (University) Qualification Obtained ?.....

.....Country.....

.....
Signature of Applicant

NOTE

- 1) Certified Photostat or certified copies of academic certificates or diplomas;
- 2) Certificate of Registration or Licence;
- 3) Certificate of Good Standing with registering body or valid Licence;
- 4) Names and addresses of two (2) medical referees (to be written on the back of the form);
- 5) Passport size photograph (1)
- 6) Fees Short Term Volunteers (1 day to 3 Months) \$1,000.00
- 7) Fees 3 months and over (\$1,000.00 - \$11,000.00) depending of year of graduation

NB: If returning then items 3, 6/7 with completed application form

TO BE COMPLETED BY THE REGISTRAR

Date of registration or refusal.....

Registration No.....