

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

**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 copied not typed over.

**A PERSONAL INTERVIEW IS REQUIRED FOR FULL REGISTRATION**