

**PROVISIONAL 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) Confirmation Letter of success in final MBBS/MD Examination
- 2) Certificate of Selection for Approved Post from UHWI of MOH
- 3) Names and addresses of two (2) medical referees (to be written on the back of the form);
- 4) Passport size photograph (1)
- 5) Fees (J\$2,000.00)

**TO BE COMPLETED BY THE REGISTRAR**

Date of registration or refusal.....

Registration No.....

Reason for refusal if refused.....

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