

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 or 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.

PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

All Doctors, Dentists, Pharmacists, Nurses, Dietitians, Radiographers, Optometrists, Medical Technologists, Speech, Occupational and Physical Therapists must be registered with their respective Councils before practicing their profession in Jamaica, even if for a day. (Also needing registration are Dental Hygienists and Technicians).

Medical Council
2-4 King Street
Kingston, Jamaica
Tel: 922-3116

Council of Professions Supplementary to Medicine
2-4 King Street

Kingston, Jamaica
Tel: 922-3116

Dental Council

41 Main Street
Mandeville, Jamaica
Tel: 962-4488

Pharmacy Council

91 Dumbarton Avenue
Kingston 10, Jamaica
Tel: 926-1607

Nursing Council

50 Half Way Tree Road
Kingston 5, Jamaica
Tel: 960-0823

Jamaica Optometric Association

York Plaza, Shop 14
1½ Hagley Park Road
King