

MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"



APPLICATION FOR PLACEMENT ON THE SPECIALIST REGISTER

NAME OF PRACTITIONER:

MDC REG. NUMBER SEX

POSTAL ADDRESS:

.....

EMAIL: MOBILE NO.....

Specialist Professional Qualification(s) already registered with MDC:

Membership ☐

Fellowship ☐

NO	QUALIFICATION, INSTITUTION, YEAR	SPECIALTY (eg. Internal Medicine, OBGY, ophthalmology, Psychiatry, Radiology, Surgery)	SUB-SPECIALTY (if any)(eg. cardiology, breast pathology, Rhinology, Comm. Paediatrics)
1.			
2.			
3.			

Signature of Applicant..... Date.....

FOR OFFICE USE ONLY:

Verified by:Signature:..... Date:.....

Registrar's Comment:

Signature: Date: