MEDICAL COUNCIL OF GUYANA

APPLICATION FOR REGISTRATION

Section A – Eligibility Criteria

Please Circle the correct answer below and provide documentation where necessary

1. **Are you a citizen of Guyana or a Member State of Caricom? Yes / No**
   If yes please provide supporting documentation. If No please move to Question 2.

2. **Are you married to a citizen of Guyana, or a Member State of Caricom? Yes / No**
   If yes please provide supporting documentation. If No please move to Question 3.

3. **Are you a lawful resident in Guyana with a valid employment visa permitting you to practise medicine and surgery in Guyana? Yes / No**
   If yes please provide supporting documentation.

Section B – Applicant Information

NAME: ……
SURNAMES FIRST NAME OTHER

DATE OF BIRTH: ……. SEX: …….. Phone No: …….. Email: ……

ADDRESS:……
Lot No. Street Town/Village Region

NATIONALITY: …….. MARITAL STATUS: ……

LANGUAGES (Please list languages spoken below):

……

……

……

……

TYPE OF REGISTRATION: Full ( ) Institutional ( ) Internship ( ) Short-Term ( )

QUALIFICATION/S: ……
DEGREE UNIVERSITY COUNTRY YEAR

ADDITIONAL QUALIFICATION: ……..

……

SPECIALTY: ……..
TYPE COUNTRY YEAR

PASSPORT NUMBER: …….. EXPIRATION DATE OF PASSPORT: ……

CITIZEN OF: …….

COUNTRY OF REGISTRATION AS A MEDICAL PRACTITIONER: ……..

DATE OF REGISTRATION: …… EXPIRY DATE OF REGISTRATION: …….

<u>Section C – Background/Character Information</u>

Please Circle the correct answer below and provide documentation where necessary

HAVE YOU EVER BEEN THE SUBJECT OF AN INQUIRY OR AN INVESTIGATION BY YOUR LICENSING AUTHORITY INVOLVING AN ALLEGATION OF PROFESSIONAL MISCONDUCT, MALPRACTICE, INCOMPETENCE, INCAPACITY OR ANY LIKE ALLEGATION? Yes / No

DOES YOUR NAME APPEAR IN THE RECORDS OF YOUR LICENSING AUTHORITY AS HAVING BEEN SUBJECT TO REDUCED, SUSPENDED OR CANCELLED PRIVILEGES BY A HOSPITAL DUE TO INCOMPETENCE, NEGLIGENCE, INCAPACITY OR ANY FORM OF PROFESSIONAL MISCONDUCT/MALPRACTICE? Yes / No

PLEASE PROVIDE ALL INFORMATION, IF ANY, ABOUT ANY ONGOING OR PAST CONDUCT ON YOUR PART WHICH A REASONABLE MEDICAL COUNCIL COULD CONSIDER TO BE CONDUCT UNBECOMING OF A MEDICAL PRACTITIONER OR COULD SHOW THAT YOU WERE NOT OF GOOD CHARACTER.

In the space below write you name in BLOCK LETTERS as you would like it displayed on your certificate

……

Date: …… SIGNATURE: ……