

**APPLICATION TO BE REGISTERED AS AN
AUTHORIZED MEDICAL PRACTITIONER**

I being a registered Medical Practitioner No.
..... having

- (a) The experience and training referred to in Regulation 3(2), (a), (b), (c), or (d);
- (b) A post Graduate Degree/Diploma in Gynecology and obstetrics;
- (c) Completed the training required to qualify as an authorized medical Practitioner;

do accordingly apply to the **MEDICAL COUNCIL OF GUYANA** to be registered as an authorized Medical Practitioner.

I am familiar with the Medical Termination of pregnancy Act of 1994 and the Regulations made thereunder, and in good faith undertake to honor my duties and responsibilities as an authorized medical practitioner in accordance with the provisions thereof.

.....
PLEASE PRINT (OR TYPE) YOUR FULL NAME

.....
SIGNATURE

.....
DATE

Attachment: *Certification from the Chief Medical Officer; or certification or documentation of relevant advanced training or evidence of the experience and training referred to in **Regulation 3(2)**, (a), (b), (c), (d) or (f).*