



**THE MEDICAL AND DENTAL COUNCIL, REPUBLIC OF THE GAMBIA
APPLICATION FOR REGISTRATION IN THE REGISTERS FOR MEDICAL
AND DENTAL PRACTITIONERS**

Place Passport picture using paper clip.

Write your name at the back of the picture

1. Surname:..... Forenames:.....

2. Date of Birth:..... Nationality:..... Gender: M/F

Marital Status:.....

3. Address: (a) Postal:.....

.....
.....

(b) Residential:

.....

(c) Tel:

(d) E-mail:

4. Primary Qualification:

(i) Description (ii) Date Obtained (iii) Medical School/University

.....

5. (a) Previous Registration(s):

Country: Date: Registering Body:

(i)..... (i) (i)

(ii)..... (ii) (ii)

(iii)..... (iii) (iii)

(b) Has any Council or similar body ever **REFUSED** registering you in any Register?

YES/NO

If YES, state: Country:.....

Date of such refusal:

Reason(s):.....

6. Professional Conduct:

(a) Has any Council or similar body **SUSPENDED/ERASED** your name from any of its REGISTERS? **YES/NO**

If YES, state COUNTRY:

Date Suspended/Erased:.....

Reason(s) for **SUSPENSION/ERASURE**:.....
.....

Date **RE-INSTATED**:

(b) Has any Council or similar body ever investigated you for an alleged breach of professional conduct? **YES/NO**

If YES, state: COUNTRY:

Nature of allegation:.....

Outcome:.....
.....

7. Present Employer:

(a) Name and Address of Employer	Date Commenced	Description/Position (i.e. Consultant, Registrar, SHO, MO, etc)
.....

(b) Anticipated Place of Work
.....

Date: Signature:.....

Application Form must be accompanied by:

- (i) Photocopies of Certificates/Diplomas (if not in English, kindly attach a notarized translation). Council reserves the right to ask for Original Copies of any support documentation for verification purposes.
- (ii) A recent passport size photograph of the applicant.
- (iii) A Certificate of Good Standing/Professional Status from the last Country of Practice.

Please inform this office of any change of address.

FOR OFFICE USE ONLY

Received by Date/...../.....

Checked by Date/...../.....

Amount paid. Receipt No.

Signature of Officer Date/...../.....

Registrar's Comments

.....
.....
.....

Signature Date/...../.....

Chairman's Comments

.....
.....

Signature Date/...../.....

Approved: Yes No Date:...../...../.....

Registration Number

Entered into Register by Date:/...../.....