THE DEPARTMENT OF HEALTH REGULATORY SERVICES - Health Practice Commission

Medical and Dental Council Application Checklist

Applicant's Name: **D.O.B.:**

Profession: **Time** **Reg. Type: PL, IL, ProvL**

Date:	**Completed by:**		**Fees Charge:**
Expedited Fees (HP Act Schedule 2 (4) a, b, c 2021 Revision) ☐ ***Emergency $ 1000.00*** *(to be processed within* ***24 hours "AFTER" the application is reviewed and accepted by the Registrar)*** ☐ ***Urgent $ 800.00*** *(to be processed within* ***3 business days "AFTER" the application is reviewed and accepted by the Registrar)*** ☐ ***Express $ 650.00*** *(to be processed within* ***7 business days "AFTER" the application is reviewed and accepted by the Registrar)***			☐ Application: CI$500.00 ☐ Registration & Practicing Fee CI$_____ Total Months _____ ☐ Expedited Fee CI$ _____ Total Fees: CI$ _____
1	Passport-size photograph	☐ Dated:	**Comments:**
2	Registry Maintenance Admin Form [RMAF]	☐	
3	Application Form – Form A	☐	
4	Curriculum Vitae or Resume	☐	
5	Letter of *'Good Standing'* (no older than 3 months) Country:	☐ Dated:	
6	CURRENT *Licence/ Practicing Certificate Country: _____	☐ Exp. date:	
7	List of licenses held	☐	
8	Reg. as a Specialist Country: _____	☐	
9	Diplomas & Certificates (Profession/Country / Yr) _____ _____ _____	☐ Translation ☐ ☐ ☐	
10	Healthcare facility reg. cert. - copy	☐	
11	Letter of Affiliation: _____ Date Start: _____	☐	
12	Letter of Intent	☐	
13	International English Language Test Score	☐ __.__% ☐Letter	
14	Job Description @ intended List of Duties	☐	
15	Professional reference **1** (no older than 6 months) Name:	☐ Dated:	
	Professional reference **2** (no older than 6 months) Name:	☐ Dated:	
16	Character reference [+4 years] (no older than 6 months) Name:	☐ Dated:	
17	Police certificate (no older than 6 months) Country:	☐ Dated: ☐ Date Exp:	
18	Medical Report (no older than 6 months) Doctor:	☐ Dated:	
19	Copy of passport	☐ Exp date:	
20	CME Summary Form & Certificates†	☐ ☐† #_____	
21	New applicant Registry Information	☐	
22	Mal Practice Insurance	☐Exp. date:	
23	Payment	☐Receipt: ☐Payment date: ☐Invoice No:	