



Medical and Dental Council

Renewal Application Checklist

Applicant's Name:

Cert Exp.:

Profession:

Reg. Type: PL, IL, ProvL

Date:	Completed by:		Fees Charge:
<u>Expedited Fees</u> (HP Act HP Act Schedule 2 (4) a, b, c 2021 Revision) ☐ <i>Emergency \$ 1000.00 (to be processed within 24 hours "AFTER" the application is reviewed and accepted by the Registrar)</i> ☐ <i>Urgent \$ 800.00 (to be processed within 3 business days "AFTER" the application is reviewed and accepted by the Registrar)</i> ☐ <i>Express \$ 650.00 (to be processed within 7 business days "AFTER" the application is reviewed and accepted by the Registrar)</i>			☐ Registration & Practicing Fee CI\$ _____ Total Months _____ ☐ Expedited Fee CI\$ _____ ☐ Late Fee CI\$ _____ Total Fees: CI\$ _____
1	Passport-size photograph	☐ Dated:	Comments:
2	Application Form – Form B	☐	
3	Registry Maintenance Admin Form [RMAF]	☐	
4	Conduct Statement form	☐	
5	CME Summary Form & Copies of Certificates [†]	☐ ☐ [†] #_____	
6	Mal Practice Insurance	☐ Exp. date:	
7	Online Payment	☐ Bank: ☐ Payment date: ☐ Ref No:	