



Bahamas Medical Council

Application for Registration as a Medical Practitioner or Specialist

Application Form

Tel: 242.323.0342 | Fax: 242.323.0344

SECTION A - PERSONAL INFORMATION

Surname _____ First Name _____ Middle Name _____

a national of _____ hereby apply

(a) to be registered as a: (i) medical practitioner [] Fully Provisionally Temporarily

(ii) specialist []

(b) to be registered as a specially registered practitioner []

(c) for the renewal of registration as: (i) medical practitioner [] Fully Provisionally Temporarily

(ii) specialist []

National Registration Number _____ Home Address _____ Home Phone _____

Business Address _____ Email _____ Business Phone _____

Where applicant has been registered previously: (a) registration number of medical practitioner _____

(b) registration of specialist _____

Qualification _____ **University/College Certifying Body** _____ **Date Obtained** _____

Indicate: (a) whether you are currently registered to practice medicine in any jurisdiction other than The Bahamas: Yes No

(b) where the answer is "yes":

(i) the jurisdiction _____

(ii) the period of registration from _____ / _____ / _____
day month year

_____ / _____ / _____
day month year

(c) form of registration:

(i) general practitioner _____

(ii) specialist in _____

Specialty



Indicate: (a) whether you have ever been disciplined for any medical breaches in any jurisdiction other than The Bahamas: Yes No

(b) where the answer is "yes" state the disciplinary measures taken :

Indicate whether you have been convicted in The Bahamas or any other jurisdiction of an offence:

(a) relating to the misuse of drugs _____

(b) in respect of which a penalty of 5 years or more is prescribed. _____

Note:

Disclosure of a conviction expunged pursuant to the rehabilitation of Offenders Act (C h. 100) or similar legislation in any other relevant jurisdiction, is not required.

Indicate: (a) whether you have ever been suspended from practising medicine: Yes No

(b) where the answer is "yes" state the period of suspension:

from _____ / _____ / _____ to _____ / _____ / _____
day month year day month year

Indicate: (a) whether your registration or licence to practice medicine in any jurisdiction other than The Bahamas has ever been terminated or revoked: Yes No

(b) where the answer is "yes" state the date of termination or revocation: _____ / _____ / _____
day month year

INSTRUCTIONS

Please write the information required in capital letters and ensure that all required documentation accompanies your application form.

Note: Post office box numbers may not be used for a home or business address.

Please submit with the application the following:

- (a) a certified copy of the certificate or other evidence of qualification upon which you are relying in order to be registered as a medical practitioner
- (b) an application fee

Where you have been registered as a medical practitioner or specialist in more than one jurisdiction, please list all jurisdictions. You may use separate sheets of paper for this purpose.

SECTION B - DECLARATION

I _____

hereby declare that the above information is true and correct to the best of my knowledge and information. I acknowledge that the provision of any false statement or misleading statement may result in disciplinary proceedings and in the cancellation of any registration granted as a result of this application.

Signature

_____/_____/_____
day month year