BAHAMAS MEDICAL COUNCIL

Application for Renewal of Licence

☐1 Year Fee ☐2 Years Fee

Personal Information:

Name in Full: _____
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Sex: _____

Place of Birth: _____ Nationality: _____

☐ Permanent Resident with/without the right to work ☐ Work Permit: Date Issued _____Date Expired _____

Telephone Number: _____ (Home) _____ (Cell)

Home Address: _____ Email: _____

Postal Address: _____

Practice Information/Employed by: ☐ Full Time ☐ Part Time ☐ Honorary ☐ None

Name of Practice: ☐ Private _____ ☐ Public _____

Location: _____ Postal Address: _____

Telephone: _____ Email: _____

Government Employed: Hire Date: _____ Termination Date: _____

Registration Information: ☐ Medical Practitioner ☐ Specialist: _____
(Specialty)

Registration Number: _____ Date Approved: _____ Date Issued: _____

Registration Period: _____ Registered in any other jurisdiction: ☐ Yes _____ ☐ No

Special Conditions attached to Registration: _____

Licence Information: ☐ Specialist ☐ Medical Practitioner ☐ D.P.H. ☐ P.H.A. ☐ Other

Licence Number: _____ Date Approved: _____ Date Issued: _____

Licence Period: _____ Date Paid: _____ Expiry Date: _____

Special Conditions Attached to Licence: _____

Degrees & Diplomas obtained since last licence renewal: (Certified copies)

_____

_____

Practice Status to Date: ☐ Currently Employed ☐ Away in School ☐ Suspended

☐ Resigned ☐ Left the Country ☐ Criminal Adjudication

Additional Information:

_____

_____

Have you submitted the required CME's into CE Broker? ☐ Yes ☐ No

Declaration of Applicant:

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

Signature of Applicant: _____ Date: _____

(For official use only)

Receipt Number: _____ Receipt Date: _____ Amount: _____

Payment option: ☐ Cheque ☐ Credit/Debit Card ☐ Money Order ☐ Cash

☐ 1Year Fee ☐ 2 Years Fee