

BAHAMAS MEDICAL COUNCIL
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Nassau, Bahamas

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#37 Collins Avenue
P.O. Box N-9802
Nassau, Bahamas

29th October, 2018

To: ALL PHYSICIANS

Re: Annual Licence Renewal

You are reminded that your licence to practice medicine in the Commonwealth of The Bahamas **under the Medical Act expires on 31st December 2018**. Please find attached the renewal form.

General Practice physicians are required to submit certified copies of **20 hours of Continuing Medical Education** approved for BMC/ACCME **credits** and Specialists are required to complete 10 of the 20 approved CME credits within the area of their specialty in accordance with the **Medical Regulations, 2014**. The Bahamas Medical Council will accept **40 hours of Continuing Medical Education** approved for BMC/ACCME **credits** (Specialists must submit a minimum of 20 credits within the area of their specialty) in advance of 2nd year renewal of license.

The Bahamas Medical Council has partnered with CE Broker, a continuing education tracking system with over 13 years of experience, to help licensees track progress to ease the license renewal process. You are required to create an account of your choice: a free Basic Account, a Professional Account or a Concierge Account at www.CEBroker.com. You must register using your Bahamas Medical Council's license number. If you have an account with CE Broker, log into your account and upload your Continuing Medical Education credits for the period January 1, 2018 through December 31, 2018.

Only CME credits approved by the ACCME/BMC or equivalent will be accepted by the Bahamas Medical Council.

When you have reached CME compliance status your account will show "Complete".

Kindly submit the completed renewal form and payment of all requisite fees.

Sincerely,

Dr. Merceline Dahl-Regis

Registrar

MDR/gk

Enc. Licence Renewal Form

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: _____

Registration Number: _____ Date Approved: _____ Date Issued: _____
(Specialty)

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

1 Year Fee

2 Years Fee