



(Sections 9(1), 20(3))

FORM A

*Medical Profession Act
(Act 2011 - 1)*

Application for Registration as a Medical Practitioner or Specialist

SECTION A - PERSONAL INFORMATION

1. I _____
Surname (Block letters) First Name (Block letters) Middle Name (Block letters)

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

(ii) specialist

2. National Registration Number _____

3. Home Address _____

Tel. No.: _____

4. Business Address: _____

E-mail Address: _____ Tel. No.: _____

5. Where applicant has been registered previously

(a) registration number of medical practitioner _____

(b) registration of specialist _____

6. Qualification	University/College Certifying Body	Date Obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. (1) Indicate

(a) whether you are currently registered to practice medicine in any jurisdiction other than Barbados;

Yes No

(b) where the answer is "yes",

(i) the jurisdiction _____

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

to

_____ / _____ / _____
day month year

(c) form of registration

(i) general practitioner

(ii) specialist in _____
specialty

(2) Indicate

(a) whether you have ever been disciplined for any medical breaches in any jurisdiction other than Barbados;

Yes

No

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

(3) Indicate whether you have been convicted in Barbados or any other jurisdiction of an offence

(a) respecting the misuse of drugs; or

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

8. (1) 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

(2) Indicate

(a) whether your registration or licence to practise in any jurisdiction other than Barbados has ever been terminated or revoked;

Yes

No

(b) where the answer is "yes" state the date of termination or revocation.

Note: Disclosure of a conviction expunged pursuant to the *Criminal Records (Rehabilitation of Offenders) Act, Cap. 127A* or similar legislation in any other relevant jurisdiction, is not required.

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 certified copy of the certificate or other evidence of qualification upon which you are relying in order to be registered as a medical practitioner.*
- *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

Date

In the case of a re-registration indicate

DATE OF REGISTRATION

SPECIALIST REGISTRATION NUMBER

EXPIRY DATE OF REGISTRATION

Instructions

Complete this Part if you have previously been registered as a Specialist.