GRENADA MEDICAL AND DENTAL COUNCIL

Application Form for Registration

P.O. Box: 3323, St. George's **E-mail**: grenadamedcouncil@live.com

Phone: 1-473-459-2384 / 444-2384

Personal Information

1	Name	Last Name:	First Name:	
2	Mailing address			
3	Email address			
4	Telephone	Home:	Work:	Cell #
5	Date of birth	Day:	Month:	Year:
6	Place of Birth	Citzenship:		Gender:
7	Medical School Graduation	Institution:		Date of Graduation:
8	Post Medical School Graduation	Institution:		Date of Graduation:
9	Primary Qualification/Speciality			
10	Exact Title of Post Graduate Degree/Diploma			

Professional Information

11	Country/Countries where currently registered. (Up to 4)	Country 1	Country 2	Country 3	Country 4
12	Expiration Dates of Registration(s) (if applicable)	Date of Expiration	Date of Expiration	Date of Expiration	Date of Expiration
13	Employer's Information *(If applicable)*	Name of Company		Name of Direct Supervisor	
14		Mailing address:		Date of Commencement:	
		Brief Job Description:			

15	Reason for Application:	

Please provide a response to each of the following questions:

16. Do you have Mal-practice Insurance coverage? If yes, submit copy	**Yes**	**No**
17. Has any Council or other regulatory body suspended you or erased your name from any of their registers	**Yes**	**No**
18. Has any council or other regulatory body ever investigated you for an alleged breach of professional conduct Yes No	**Yes**	**No**

Statutory Declaration:

I _____ solemnly and sincerely declare that the information submitted to Grenada Medical and Dental Council is true.

Signature:	Date:

Additional Information:

Completed application forms must submitted together with all the required documents to the Grenada Medical and Dental Council at least six (6) weeks in advance of intended practice.

This can be done via electronic mail at grenadamedcouncil@live.com, via physical mail to

Grenada Medical and Dental Council
P.O. Box: 3323
ST. GEORGE
Grenada W.I.

Or submitted at the office, upstairs the Grand Anse Medical Center, The limes, Grand Anse.

NB:

All copies of certificates and other requested documents must be notarized when submitting via post/FedEx or special mail. If any document is not in English, kindly attain a notarized English translation.

The council reserves the right to request Original Copies of any documentation for verification.

Unnotarized documents submitted at the council's office must include photocopies together with originals – In this case, the office will certify them.