

GRENADA MEDICAL AND DENTAL COUNCIL

Application Form for Practising Certificate

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

Phone: 1-473-459-2384 / 444-2384 **Facebook:** Grenada Medical and Dental Council

1	Name	Last Name:		First Name:	
2	Details of Name Change (if applicable)				
3	Mailing address				
4	Email address				
5	Telephone	Home:	Work:	Cell	

6	Classification of Registration	General Practitioner		Specialist	
7	Details of Continuous Medical Education Courses undertaken in last three years¹	1.			
		2.			
		3.			
		4.			

Statutory Declaration:

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

Signature:

Date:

¹ The Council may seek additional information about the Continuous Medical Education Courses undertaken