



# MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"

## PRACTITIONERS' APPLICATION FOR RECERTIFICATION

NAME OF PRACTITIONER:..... AGE:.....

MDC REGISTRATION NO.:.....

APPLICATION FOR RECERTIFICATION FOR THE YEAR:.....

INSTITUTION OF PRACTICE/WORK:.....

POSTAL ADDRESS:.....

LOCATION ADDRESS (FOR EMS DELIVERY):.....

PRIVATE ADDRESS:.....

TELEPHONE/MOBILE NO(S):.....

CPD EVENTS UNDERTAKEN:

	<u>Event Title</u>	<u>Credit Scored</u>	<u>Date</u>	<u>Certificate Attached</u>
1.	.....	.....	.....	Y <input type="checkbox"/>
	.....			N <input type="checkbox"/>
2.	.....	.....	.....	Y <input type="checkbox"/>
	.....			N <input type="checkbox"/>
3.	.....	.....	.....	Y <input type="checkbox"/>
	.....			N <input type="checkbox"/>
4.	.....	.....	.....	Y <input type="checkbox"/>
	.....			N <input type="checkbox"/>
<b>Total No. of Credits</b>		.....		

### OFFICE USE ONLY

Received by:..... Amount GHC:.....

Cheque No.:..... Date:.....

[Commission on drawer's account]

Comments:.....

Final Approval Date:..... Signature:.....