



Place Passport picture using paper clip. Write your name at the back of picute

# MEDICAL AND DENTAL COUNCIL OF GHANA

## APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

1. Name in full: \_\_\_\_\_  
Surname First Name Other Names

Previous Name(s): \_\_\_\_\_  
Surname First Name Other Names

Male  Female  Mrs.  Prof.  Rev.  Dr.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Day Month Year City Country

Marital Status: Single  Married

Mailing/Contact Address \_\_\_\_\_  
(For entry into Register)

\_\_\_\_\_  
City/Town Region

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Tel. Fax Mobile E-Mail

2. Home/Permanent Address (if different From above): \_\_\_\_\_

\_\_\_\_\_  
City/Town Region/Country

(\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Tel. Fax Mobile E-Mail

3. Professional qualification already registered Licensing Body

\_\_\_\_\_  
\_\_\_\_\_

4. Additional qualification with dates Granting Institution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. References: I submit references from 2 personal referees (not relations) to whom I am well known.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**MDCG FORM 3**

In pursuance of this application I enclose:

- Diploma(s) Certificate(s) Certified Copy each (*Originals should be available for inspection*)
- Passport Photograph
- 2 letters of Reference (*Referees should be in practice for at least 8 years or of the status of Principal Medical Officer and should be in Good Standing with the Council*).
- Registration Fees

**FOR OFFICE USE ONLY**

Received by ..... Date ...../...../.....

Checked by ..... Date ...../...../.....

Amount paid. .... Receipt No. ....

Signature of Officer ..... Date ...../...../.....

Registrar's Comments:

.....  
.....

Signature ..... Date ...../...../.....

Credentials Committee's Comments.

.....  
.....

Signature ..... Date ...../...../.....

Chairman's Approval.

.....  
.....

Signature ..... Date ...../...../.....

Approved: Yes  No  Date: ...../...../.....

Registration Number .....

Entered into database by ..... Date: ...../...../.....