



MINISTRY OF HEALTH
MALE
REPUBLIC OF MALDIVES

QI-BHSc/f/14/0060-1

APPLICATION FORM FOR PRE-REGISTRATION AT THE MALDIVES ALLIED HEALTH COUNCIL

REGISTRATION		
<input type="checkbox"/> TEMPORARY REGISTRATION <input type="checkbox"/> PERMANENT REGISTRATION <input type="checkbox"/> REGISTRATION AS:		
IDENTIFICATION		
TYPE OF IDENTIFICATION: <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID		
PASSPORT NO: NATIONAL ID NO:		
FULL NAME (as shown in passport)		
FAMILY NAME:		
.....		
GIVEN NAME(S):		
.....		
<table border="1"> <tr> <td> <p>APPLICANT'S PHOTOGRAPH (passport size)</p> <p>(Recent photograph < 6 months)</p> </td> </tr> </table>		<p>APPLICANT'S PHOTOGRAPH (passport size)</p> <p>(Recent photograph < 6 months)</p>
<p>APPLICANT'S PHOTOGRAPH (passport size)</p> <p>(Recent photograph < 6 months)</p>		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL:	
DATE OF BIRTH: DD/MM/YYYY	NATIONALITY:	
HIGHEST QUALIFICATION		
YEAR CONFERRED (as indicated on the degree/diploma awarded): YYYY	NAME OF QUALIFICATION (as indicated on the degree/diploma awarded):	
START DATE OF STUDIES: MM/YYYY	END DATE OF STUDIES: MM/YYYY	
COURSE COMPLETED INSTITUTION:	COUNTRY:	
EMAIL ADDRESS OF THE INSTITUTION.....	QUALIFICATION AWARDING INSTITUTION:	
OTHER QUALIFICATIONS		
YEAR CONFERRED (as indicated on the degree/diploma awarded): YYYY	NAME OF QUALIFICATION (as indicated on the degree/diploma awarded):	
START DATE OF STUDIES: MM/YYYY	END DATE OF STUDIES: MM/YYYY	
INSTITUTION:	COUNTRY:	
YEAR CONFERRED (as indicated on the degree/diploma awarded): YYYY	NAME OF QUALIFICATION (as indicated on the degree/diploma awarded):	
START DATE OF STUDIES: MM/YYYY	END DATE OF STUDIES: MM/YYYY	
INSTITUTION:	COUNTRY:	
Repeat for additional qualification/s using the same format in another sheet.		
1. Is your qualification recognized as an allied health professional in the country where you obtained your qualification? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Countries where you have worked as an allied health professional.....		
3. Have you been previously registered at the Maldives Board of Health Science or any other regulatory body? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. If Yes to (3), give details.....		
5. Was your application rejected from the Maldives Board of Health Science anytime in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. If Yes to (5), give details.....		
7. Have you worked as an allied health professional previously in the Maldives? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8. If Yes to (7), give details.....		
PROPOSED EMPLOYMENT		
EMPLOYER NAME:.....		
EMPLOYER CONTACT NUMBER:..... EMPLOYER EMAIL:.....		

EMPLOYER ADDRESS:.....

SUPPORTING DOCUMENTS

Certified true copies of the following documents must be attached

- | | |
|--|--|
| <input type="checkbox"/> PASSPORT (DETAILS PAGE) | <input type="checkbox"/> CURRICULUM VITAE |
| <input type="checkbox"/> NATIONAL ID CARD | <input type="checkbox"/> TEST RESULTS OF ENGLISH LANGUAGE REQUIREMENT |
| <input type="checkbox"/> QUALIFICATION CERTIFICATE | <input type="checkbox"/> REGISTRATION AT OTHER COUNCILS OR OTHER EQUIVALENT BODY |
| <input type="checkbox"/> MARK SHEET OF THE QUALIFICATION CERTIFICATE | <input type="checkbox"/> OTHERS |
| <input type="checkbox"/> EXPERIENCE CERTIFICATE (FOR EXPATRIATES ONLY) | |

DECLARATION

I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal action.

SIGNATURE OF APPLICANT:

DATE: DD/MM/YYYY

Instructions to the Applicants of Pre-registration

1. Certified True Copies of the following original documents by a notary public are to be sent to the Maldives Board of Health Sciences in support of application:

- a. National identity card and passport
- b. Qualification certificate.
- c. Certificates of registration with other allied health professional licensing authorities.
- d. Mark sheet/ transcript of the qualification certificate.
- e. Experience certificate (recent 2 years, for expatriates only)
- f. Curriculum vitae

2. English Language Requirement:

- a. Allied Health Professionals are required to produce evidence of proficiency in English Language to the Maldives Board of Health Sciences.

Test results obtained from the International English Language Testing System (IELTS) test or any equivalent English language examination Certificate with the mark sheet.

- IELTS - at least 5.5 for overall score OR equivalent English language examination with the mark sheet
- Laboratory Technologists, Pharmacists and Community Health Providers are exempted (IELTS exempted groups will be interviewed for proficiency in English Language to determine ability in performing the professional duties)

3. In addition to items (1b), (1d) and (1e), applicants for temporary registration as visiting experts need to submit items (i) to (iv) below to the Maldives Board of Health Science.

- i. Letter from sponsoring healthcare institution/facility registered in the Maldives stating the purpose of application and period required.

Additional notes:

- i. Documents in foreign languages other than English shall be submitted together with the certified English translations and original copies of the documents. The Maldives Board of Health Sciences will accept notarization by (i) the institute that issued the original certificate; (ii) any Embassy or Consulate of the country that issued the original certificate; and (iii) a government institute of the country that issued the original certificate.
- ii. All documentation should be complete and the submitted documents should be clear and legible. The Maldives Board of Health Sciences will not accept illegible, unclear or incomplete copies and will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
- iii. The Maldives Board of Health Sciences may also require the allied health professional to submit any other documents for evaluation of his/her application.

All supporting documentations must be submitted through the employer to the following address:

Secretariat
Maldives Board of Health Sciences
Ministry of Health
Roashanee Building
SosunMagu
Male', Maldives