



QI-MC/F/12/0057-2

**MALDIVES MEDICAL AND DENTAL COUNCIL**

MINISTRY OF HEALTH

**APPLICATION FOR PRE-REGISTRATION AT MALDIVES MEDICAL AND DENTAL COUNCIL**SERIALNUMBER: 

IDENTIFICATION		
NATIONAL IDENTITY CARD NO:	PASSPORT NO:	<div style="border: 1px solid black; padding: 10px; text-align: center;">APPLICANT'S PHOTOGRAPH (passport size)</div>
FULL NAME (as shown in NIC/passport)		
FAMILY NAME:		
GIVEN NAME(S):		
REGISTRATION REQUIRED AS:		
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL:	
DATE OF BIRTH: DD/MM/YYYY	NATIONALITY:	
BASIC MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF UNDERGRADUATE MEDICAL STUDIES: MM/YYYY	END DATE OF UNDERGRADUATE MEDICAL STUDIES (exclude period of internship): MM/YYYY	
NAME OF QUALIFICATION (as indicated on the degree awarded):	YEAR CONFERERD (as indicated on the degree): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCING AUTHORITY & COUNTRY:	
START DATE OF INTERNSHIP: MM/YYYY	END DATE OF INTERNSHIP: MM/YYYY	
NAME OF INSTITUTION WHERE INTERNSHIP WAS COMPLETED (if different from the institution where undergraduate medical education was completed):		
POSTGRADUATE MEDICAL/DENTISTRY QUALIFICATION		
START DATE OF POSTGRADUATE MEDICAL STUDIES: MM/YYYY	END DATE OF POSTGRADUATE MEDICAL STUDIES: MM/YYYY	
NAME OF QUALIFICATION (as indicated on the degree awarded):	YEAR CONFERERD (as indicated on the degree awarded): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCING AUTHORITY & COUNTRY:	
ADDITIONAL QUALIFICATION		
START DATE OF STUDIES: MM/YYYY	END DATE OF STUDIES: MM/YYYY	
NAME OF QUALIFICATION:	YEAR CONFERERD (as indicated on the degree awarded): YYYY	LANGUAGE OF INSTRUCTION:
INSTITUTION:	COUNTRY:	
QUALIFICATION:	LISCENCING AUTHORITY & COUNTRY:	
LISCENCING EXAMINATION		
1. Have you attempted and passed a licensing examination before stated practice as a medical/dental practitioner? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. If Yes to (1), please provide information on the year license is obtained and the details of the examination passed. YYYY		
If no to (1) state reason		
3. Was your entire course of undergraduate medical studies completed in the same University / Medical College? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no to (3) state details:		

EMPLOYMENT DETAILS IN THE MALDIVES	
PROPOSED EMPLOYMENT:	
EMPLOYER NAME:	
EMPLOYER CONTACT NUMBER:	EMPLOYER EMAIL:
EMPLOYER ADDRESS:	STAMP:
SUPPORTING DOCUMENTS	
Copies of the following documents are attached.	
<input type="checkbox"/> PASSPORT (DETAILS PAGE) <input type="checkbox"/> UNDERGRADUATE MEDICAL DEGREE <input type="checkbox"/> PROOF OF INTERNSHIP <input type="checkbox"/> TESTIMONIAL FROM DEAN/REGISTRAR <input type="checkbox"/> POSTGRADUATE MEDICAL DEGREE	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING <input type="checkbox"/> CERTIFICATE OF REGISTRATION AT OTHER LICENCING AUTHORITY <input type="checkbox"/> ENGLISH LANGUAGE QUALIFICATION <input type="checkbox"/> LETTER OF VERIFICATION
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.	
NAME OF THE APPLICANT:	SIGNATURE OF APPLICANT: DATE: DD/MM/YYYY

**PRE-REGISTRATION AT MALDIVES MEDICAL AND DENTAL COUNCIL**  
**Document No: MMC/02/2012**

**Instructions to Applicants**

1. Copies of the following original documents are to be sent to Maldives Medical and Dental Council (MMDC) in support of application:
  - a. National Identity Card or Passport.
  - b. Undergraduate and postgraduate medical qualifications as applicable.
  - c. Documentary evidence of house job/internship with details on the period spent in each discipline (for those applicants having undergraduate qualification).
  - d. Certificate of Good Standing (CGS) issued by the medical licensing authority of the country where the doctor has been practising for the last 01 year prior to the application. The CGS received by MMDC must not exceed 03 months from its issued date.
  - e. Certificates of registration with other medical licensing authorities.
  - f. For newly qualified applicants (less than 01 year of completion of training): An original testimonial from the the Medical School OR the Registrar of the University attesting to the applicant's character is required in addition to the item.
  
2. Medical Graduates are required to produce evidence of proficiency in English Language to the MMDC if their basic medical qualifications are from medical schools where the medium of instruction is not in English. Test results obtained from the International English Language Testing System (IELTS) test OR the Test of English as a Foreign Language (TOEFL) within the minimum score stated here can be considered, subject to a validity period of 02 years based on the date of the test.
  - IELTS - at least 6 for overall score
  - TOEFL - 250 marks for computer-based test or 600 marks for paper-based test or 100 marks for internet-based test.
  
3. In addition to items (1a),(1b),(1d) and (1e), applicants for temporary registration as visiting experts need to submit following to the Council, at least 1 week before registration:
  - a. Original letter from sponsoring healthcare institution registered in the Maldives stating the purpose of the visit of the expert and period required.
  - b. Original Letter of Verification (LV) of the visiting expert's field of specialty and/or expertise from the host institution of the expert.
  
4. Additional notes:
  - a. Documents in foreign language shall be submitted together with the certified English translations and original copies of the documents. The Maldives Medical and Dental Council will accept translation by (i) the institute that issued the original certificate (ii) any embassy or consulate of the country that issued the original certificate, (iii) relevant regulatory body of the country that issued the original certificate.
  - b. The Letter of Verification (LV) of a visiting expert's field of specialty and/or expertise (temporary registration) must be dated, contain information of doctor's name, degree or title conferred and must be issued by the Head of the respective clinical department OR the Chairman, Medical Board (or equivalent) of the host affirming the Visiting Expert's expertise.
  - c. All documentation submitted should be complete and legible. The Council will not process illegible, unclear or incomplete copies. Maldives Medical and Dental Council will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
  - d. The MMDC may also require the doctor to submit any other documents for evaluation of his/her application.
  
5. All supporting documentations must be submitted through the employer to the following address:
 

Secretariat  
 Maldives Medical and Dental Council  
 Ministry of Health  
 Roashanee Building  
 Sosun Magu  
 Male', Maldives