MDCG FORM 3

Place Passport picture using paper clip. Write your name at the back of picture. Photo must be taken in official clothing

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: …../……/…