

# MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"



## MEDICAL AND DENTAL PRACTITIONERS APPLICATION FOR RECERTIFICATION – 2017

NAME OF PRACTITIONER: .....

MDC REG. NUMBER .....

SEX .....

INSTITUTION OF PRACTICE/WORK: .....

POSTAL ADDRESS: .....

.....

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

.....

EMAIL: ..... TELEPHONE/MOBILE NO.....

### **CPD EVENTS UNDERTAKEN:**

<u>Event Title</u>	<u>Credit(s) scored</u>	<u>Date</u>
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**Total No. of Credits** .....

### **For Office Use Only**

**Category 1 [10-14]**       **Category 2 [7-9]**       **Category 3 [less than 7]**

*It may not be necessary to attach copies of CPD certificates. Council will verify your claims as and when necessary. Please note that you will be held responsible for any false claims.*

# MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"



## PHYSICIAN ASSISTANTS & CERT. REG. ANAESTHETISTS APPLICATION FOR RECERTIFICATION – 2017

NAME OF PRACTITIONER: .....

MDC REG. NUMBER .....

SEX .....

INSTITUTION OF PRACTICE/WORK: .....

POSTAL ADDRESS: .....

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

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EMAIL: ..... TELEPHONE/MOBILE NO.....

### **CPD EVENTS UNDERTAKEN:**

<u>Event Title</u>	<u>Credit(s) scored</u>	<u>Date</u>
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**Total No. of Credits** .....

### **For Office Use Only**

**Category 1 [7- 9]**       **Category 2 [4-6]**       **Category 3 [less than 4]**

*It may not be necessary to attach copies of CPD certificates. Council will verify your claims as and when necessary. Please note that you will be held responsible for any false claims.*