



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 PERMANENT REGISTRATION**

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

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

Male  Female  Mrs.  Miss  Prof  Rev.  Dr.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Nationality: \_\_\_\_\_  
City Country

Working Address: \_\_\_\_\_

\_\_\_\_\_  
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. Have you been provisionally registered under the Medical and Dental Council Decree NRCD 91 (1972) as subsequently amended? Yes No  
If yes, on what date? \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your Registration Number? \_\_\_\_\_  
If no, which Licensing Authority were you registered with? \_\_\_\_\_  
Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Number \_\_\_\_\_

4. School(s)/College(s) University Attended

i. \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
School/College Day M Y Day M Y

ii. \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
School/College Day M Y Day M Y

5. Qualification(s) for Registration

i. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Degree/Diploma Date granted Granting Institution

ii. \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Degree/Diploma Date granted Granting Institution

**MDCG FORM 2**

**6** Category      Medical                 Dental  

**7** Work Experience as Pre-registration House Officer/Intern:

Hospital	Specialty	Dates		Duration
		Start	End	

**8** Other Experience:

Hospital	Specialty	Post/Rank	Dates		Duration
			Start	End	

**9** Specialty: \_\_\_\_\_

**10** Have you ever been found guilty of any criminal offence ?    Yes                 No     
 If Yes, Provide details inclusive of date, court and offence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Have you ever had any disciplinary action taken against you by the Medical and Dental Council or any employer?    Yes                 No     
 If Yes, Provide details inclusive of date, court and offence \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12** Referees:  
 i Name: \_\_\_\_\_  
    Address \_\_\_\_\_  
    Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E. mail \_\_\_\_\_  
 ii Name: \_\_\_\_\_  
    Address \_\_\_\_\_  
    Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ E. mail \_\_\_\_\_

**MDCG FORM 2**

**13. Certificate Statement.**

I declare that the information on this application, other forms and documents submitted to the Medical and Dental Council of Ghana is provided in good faith and is true, completed and accurate.

I understand that any misrepresentation may be caused for refusal or revoking of registration.

Signed .....

Date .....

**N.B. Check List** (In pursuance of this application I enclose):

- Diploma(s) / Certificate(s) – Original or Certified Copy (ies).
- 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 be in Good standing with the Council).
- Registration Fees
- Letters of Experience
- Certification of Good Standing or Current license to Practice (applicable to all applicants not provisionally registered with Council)
- C.V./Resume
- Evidence of selection for employment

*N.B. All documents in languages other than English should be translated to English.*

**FOR OFFICE USE ONLY**

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

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

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

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

Registrar’s Comments .....

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

Chairman’s Approval .....

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

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

Registration Number .....

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