



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 PROVISIONAL REGISTRATION**

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

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

Male  Female

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Nationality: \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

\_\_\_\_\_

City/Town Region

(\_\_\_\_\_)\_(\_\_\_\_\_)\_(\_\_\_\_\_)\_(\_\_\_\_\_) \_\_\_\_\_  
Tel. Fax Mobile e-mail

Home/Permanent: \_\_\_\_\_  
Address (If different from above):

\_\_\_\_\_

City/Town Region/Country

(\_\_\_\_\_)\_(\_\_\_\_\_)\_(\_\_\_\_\_) \_\_\_\_\_  
Tel. Fax Mobile E-Mail

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

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

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

iii. \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Medical School Day M Y Day M Y

4. Qualification(s) for Registration

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

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

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

5. Have you every been found guilty of any criminal offence? Yes  No   
If Yes, provide details inclusive of date, court and offence.....  
.....

6. Referees: (*Referees should be in practice for at least 8 years and should be in Good Standing with the Council*).

i. Name.....  
Address:.....  
Tel. No:.....Fax.....E-Mail address:.....

ii Name.....  
Address:.....  
Tel. No.....Fax.....E-Mail.....

7. Certification 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, complete and accurate.

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

Signed.....

Date:.....

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 and should be in Good Standing with the Council*).
- Registration Fees

**MDCG FORM I**

**FOR OFFICE USE ONLY**

Received by .....

Date ...../...../.....  
Day M Year

Checked by .....

Date ...../...../.....  
Day M Year

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

Signature of Officer .....

Date ...../...../.....  
Day M Year

Registrar's Comments:

.....  
.....

Signature .....

Date ...../...../.....  
Day M Year

Chairman's Approval.

.....

Signature .....

Date ...../...../.....  
Day M Year

Approved: Yes  No

Date: ...../...../.....  
Day M Year

Registration Number .....

Entered into database by .....

Date: ...../...../.....