



MEDICAL AND DENTAL COUNCIL

"Guiding the Profession, Protecting the Public"

APPLICATION FOR RESTORATION OF NAME IN THE REGISTER

PLEASE USE BLOCK LETTERS AND RETURN TO:

The Registrar, Medical and Dental Council, P. O. Box 10586, Accra-North

NB: Inadequately completed forms and/or attachments will delay Restoration of Name

PERSONAL PARTICULARS

I.....
[Surname] [First Name and Others]

Date of Birth:..... Sex: Male Female

Nationality:..... Profession: Medical Dental

MDCG Registration Number:..... Year of Registration:.....

Postal Address:.....

Residential Address:.....

Tel. No.: (Residence) (Work):.....

Cell:..... Fax:.....

Email Address:.....

I request that my name be restored unto the Provisional Temporary Standing Register of the Medical and Dental Council, Ghana and hereby make oath and declare that I was registered as a and my registration was suspended from the register due to none renewal.

I also declare that I have never been convicted of any criminal offence or been debarred from practice by reason of unprofessional conduct in any country and that, to the best of my knowledge, and belief, no proceedings involving or likely to involve a charge of offence or misconduct is pending against me in any country at present.

SIGNATURE:.....

DATE:.....

Practitioner

The following are submitted in support of my application:

- 1. Current Licence
- 2. Any Additional Qualification Certificate(s).....
- 3. Statutory Declaration stating reasons.....
- 4. Current CV.....
- 5. Current Passport Size Picture.....
- 6. Certificate of Good Standing (where applicable).....
- 7. Letters of Reference from institution in which.....
practitioner was working or studying
- 8. CPDs attended during the preceding 24 months.....
- 9. Administrative Cost of \$600.00

OFFICE USE ONLY

Received by: **Date:**...../...../.....
Day M Year

Checked by: **Date:**...../...../.....
Day M Year

Signature of Officer **Date:**...../...../.....
Day M Year

Registrar's Comments:.....

Date:..... **Signature:**.....