



**MDCG FORM 4**

**6** Category      Medical                 Dental  

**7** Work Experience as 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 \_\_\_\_\_

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**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).
- Transcript
- Passport Photograph
- Passport
- Registration Fees
- C.V/Resume
- Certificate used in applying for medical school.(eg WASSCE)

**Applies to Foreigners ONLY**

- Certificate of Good Standing or Current license to Practice
- Residence Permit

**Specialists ONLY**

- One hour orals. No written. Must meet the credentials committee about three weeks to exams.

*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 ...../...../.....

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

Index Number .....

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