MDCG FORM 5



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 THE REGISTRATION EXAMINATION FOR FOREIGN TRAINED DOCTORS

1.	Name in ful	l:									
	Surnan			name	First Name			Other	Other Names		
	Previous Na	me(s):									
			Sur	rname		Firs	t Name	Other	Names		
	Male □ F	emale	□ Mrs	s. 🗆	Miss		Prof □	Rev. □	Dr. □		
	Birth Date:/		Bir				N	Vationality: _			
	Working Add	dress:			City		ountry				
	,, orning rad										
		-				City/Town		Region			
		()_()_()			
			Tel.			Fax	Mo	bile	E-Mail		
2	2. Home/Perma Address (If d	lifferent									
	nom above)	from above):			C	City/Town Re			egion/Country		
		(_)_()_()			
			Tel			Fax		Mobile	E-Mail		
-	subsequently If yes, on wh If no, which	amended? at date? _ Licensing A		 e you regi	No W	hat is yo			91 (1972) as		
					1		8				
4	4. School(s)/0	Conege(s) University	Attend	ea						
	i.		/College			fr	om/_ Day	/ to _	Day M Y		
	ii.								/		
	111.	School	/College			•·			Day M Y		
	5. Qualificati	on(s) for	Registration	ı							
	i _		/Diploma				/	/			
		Degree	/Diploma				Date gr	ranted	Granting Institution		
	ii .							/			
		Degree	/Diploma				Date gr	ranted	Granting Institution		

MDCG FORM 4

1	•	Officer/Intern:	711.		Dates		
	Hospital	Special	Specialty		End		Duration
 Othe	er Experience:						
	•				Dates		
Hospital		Specialty	Pe	ost/Rank	Start End		Duration
							<u> </u>
	es, Provide details inclus	uilty of any criminal of ive of date, court and o				No C	
If Ye	es, Provide details inclus	sive of date, court and o	offeno	ee:			
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If You	es, Provide details inclus e you ever had any disci	plinary action taken ag	ainst	you by the			
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Have or ar	es, Provide details inclus e you ever had any disci- ny employer? Yes es, Provide details inclus erees:	plinary action taken ag	ainst	you by the	Medical		
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MDCG FORM 4

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	
N.B. C	heck 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 □ □	s to Foreigners ONLY Certificate of Good Standing or Current license to Practice Residence Permit
Special □	lists ONLY One hour orals. No written. Must meet the credentials committee about three weeks to exams.
N.B. Al	ll documents in languages other than English should be translated to English.
FOR	OFFICE USE ONLY
Receiv	zed by
Check	ed by
Amou	nt paid Receipt No
Signat	ure of Officer
Regist	rar's Comments
Signat	ure
Appro	ved: Yes \square No \square Date:/
Index 1	Number
Entere	d into database by