

MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"



MEDICAL AND DENTAL PRACTITIONERS APPLICATION FOR RECERTIFICATION – 2024

NAME OF PRACTITIONER:

MDC REG. NUMBER

INSTITUTION OF PRACTICE/WORK:

POSTAL ADDRESS:

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FACILITY TYPE: Teaching Hospital [] GHS [] CHAG [] Quasi-Govt. [] Private []

LOCATION: Region: District:

EMAIL: TELEPHONE/MOBILE NO.....

CPD EVENTS UNDERTAKEN:

<u>Event Title</u>	<u>Credit(s) scored</u>	<u>Date</u>
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Total No. of Credits

For Office Use Only

- Category 1 [10-14]** **Category 2 [7-9]** **Category 3 [less than 7]**

It may not be necessary to attach copies of CPD certificates. Council will verify your claims as and when necessary. Please note that you will be held responsible for any false claims.

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PHYSICIAN ASSISTANTS & CERT. REG. ANAESTHETISTS APPLICATION FOR RECERTIFICATION – 2024



NAME OF PRACTITIONER:

MDC REG. NUMBER

INSTITUTION OF PRACTICE/WORK:

POSTAL ADDRESS:

.....

FACILITY TYPE: Teaching Hospital [] GHS [] CHAG [] Quasi-Govt. [] Private []

LOCATION: Region: District:

EMAIL: TELEPHONE/MOBILE NO.....

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