MEDICAL & DENTAL COUNCIL

"GUIDING THE PROFESSIONS, PROTECTING THE PUBLIC"

APPLICATION FOR PRE-PLACEMENT ASSESSMENT FOR STUDENTS DISPLACED BY THE UKRAINE WAR

1. Name in full: _____
                         Surname   First Name   Other Names

2. Male ☐   Female ☐   Mrs. ☐   Miss ☐   Mr. ☐

3. Birth Date: ____/_____/_____   Birthplace: _____   Nationality: _____

4. Address: _____

   _____

5. Telephone No(s).:_____

6. Email Address:_____

7. Secondary School(s) / College(s) /Attended

   _____from _____/_____/_____ to ____/_____/_____
            School/College   Day   M   Y   Day   M   Y

8. University Attended in Ukraine

   _____from _____/_____/_____ to ____/_____/_____
            Name of University   Day   M   Y   Day   M   Y

9. Current Level: 100☐   200☐   300☐   400☐   500☐   600☐

10. Medical/Dental School of Choice:

School	Choices	
	1st	2nd
Accra College of Medicine, Accra		
Family Health University College, Accra		
Kwame Nkrumah University of Science and Technology, School of Medicine and Dentistry, Kumasi		
University for Development Studies, School of Medicine, Tamale		
University of Allied and Health Sciences, School of Medical Sciences, Ho		
University of Cape Coast, School of Medical Sciences, Cape Coast		
University of Ghana Dental School, Accra		
University of Ghana Medical School, Accra		

11. Certificate Statement.

I declare that the information on this application and other relevant documents submitted to the Medical and Dental Council of Ghana are provided in good faith and are true, complete and accurate. I understand that any misrepresentation may be cause for refusal or revocation of my application or cancellation of my results or render me ineligible.

Signed _____   Date _____

N.B. **Check List** (In pursuance of this application I enclose):

- ❑ *Certificate(s) [*Original or Certified Copy(ies) of Certificate(s) used in obtaining admission into Medical/Dental School*]

- ❑ *Evidence of Admission/Attendance

- ❑ Transcript (*From Current Medical/Dental School*]

- ❑ *Passport Photograph (*One*)

- ❑ *Passport [*Copy of front and Biodata Page]*

N.B. *All documents in languages other than* **English** *should be translated to* **English**.
    Mandatory documents are marked *****

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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 ………………………………………………………………………..