

DECLARATION OF APPLICANT

I do solemnly promise

(Name of Applicant)

to abide by the laws governing the practice of medicine in Trinidad and Tobago and further promise to observe and abide by the Code of Ethics of the Medical Board of Trinidad and Tobago, and understand that I will be subject to any sanctions and/or penalties as proscribed by the Medical Board of Trinidad and Tobago where I have been found to be in breach of such laws and regulations.

Signature

Date

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For Official Use Only:

Approved at Regular Monthly Meeting on
(Day/Month/Year)

Officially recorded as per Meeting No.

.....
Secretary/Treasurer

APPLICATION FOR PROVISIONAL REGISTRATION WITH THE MEDICAL BOARD OF TRINIDAD AND TOBAGO

I, hereby apply for

(Name in Block Letters)

Provisional Registration with the Medical Board of Trinidad and Tobago, by virtue of the following qualifications of which I am lawfully possessed.

Description of Qualifications	Date of Qualifications

Place and Date of Applicant's Birth

Applicant's Ordinary Address

.....
.....

I DO HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE

Date of Application Signature

Applicant must submit with this Application:-

- Satisfactory Evidence of Identity (Passport, Driver's Permit or National Identification Card).
- Satisfactory Evidence of Good Character.
- Qualifying Diploma or Letter from Dean of the Medical School certifying that you have been granted your degree by the University.
- Satisfactory evidence that she/he is to be employed under supervision in an approved hospital.
- Two (2) passport size photographs
- Prescribed Fee of Two Hundred Dollars (TT\$200.00)

Receipt No. Date Issued:.....

CERTIFICATE OF GOOD CHARACTER

I,
(Name in Block Letters)

residing at

.....

hereby certify that I have known the applicant:

.....
(Name of Applicant)

for the past years. I further certify that he/she is of good character and a fit and proper person to be admitted to the medical profession in Trinidad and Tobago.

Signature

Qualifications

Date

N.B. The signatory must be well acquainted with the applicant for at least five (5) years.

CERTIFICATE OF IDENTITY

I,
(Name in Block Letters)

residing at

.....

hereby certify that I am well acquainted with:

.....
(Name of Applicant)

for the past years.

Signature

Qualifications

Date

THE ACCOMPANYING PHOTOGRAPHS MUST BE SIGNED BY THE PERSON WHO HAS SIGNED THE CERTIFICATE OF IDENTITY WITH THE FOLLOWING WORDS INSERTED AT THE BACK OF EACH PHOTOGRAPH:-

***“I hereby certify that this is a true likeness of the applicant
(NAME)***

Signature Date”

NB: The signatory must be well acquainted with the applicant for at least five (5) years.