

# **Registration Application Form**

- Medical Doctors

# Profession:

## COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes

## **SECTION A : Application inclusions**

## 1. What are you applying for

Please mark all options that are applicable

General Registration Specialist Registration

(Temporary/Conditional/Long-term)

Private Practitioners Registration

# **SECTION B: Personal Details and Identification**

The information items in this section of the application that are marked with an asterisk(\*) will appear on the public register

## 2. What is your name?

* Mr Mrs Miss Ms Dr Other
* Family ( legal) name
* First given name
*Middle given name(s)
Previous names or other names known by

#### Preferred Name

Gender

## 3. What are your birth details?

Date of birth

DD / MM/ YYYY

Country of birth

Place/city of birth

4. Proof of identity:

Passport

You must attach a certified copy of your passport

# 5. What is your residential address?

# 6. What are your contact details?

During business hours

After hours

Mobile

Email

**SECTION C : Qualification for the profession** 

# 7. What are the details of your qualifications? (provide copy of qualifications)

# A: Primary qualification

nining body)
Completion Date: MM / YYYY

# **B: Additional Qualifications**

Title of qualification	
Name of institute( University/College/Ex	amining body)
Country	
Start Date:	Completion Date:
MM / YYYY	MM / YYYY

#### **SECTION D: Registration history**

The Council requires a Certificate of Registration Status or Certificate of Good Standing in which you are currently or have previously been registered as a health practitioner during the past five years

Note: You must present certified copies or original certificates or arrange for them to be forwarded directly from the licensing or registration authority to the DMC of Cook Islands

## 8. What is your registration history?

# A: Most recent registration

State/Territory/Country		
Category of registration		
Profession		
Period of Registration		
DD/MM/YYYY	to	DD/MM/YYYY

<b>B: Additional Registration</b>		
State/Territory/Country		
Category of registration		
Profession		
Period of Registration		
DD/MM/YYYY	to	DD/MM/YYYY

State/Territory/Country		
Category of registration		
Profession		
Period of Registration		
DD/MM/YYYY	to	DD/MM/YYYY

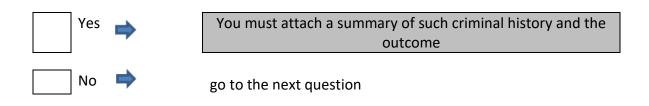
## **SECTION E: WORK HISTORY**

You must attach Curriculum Vitae that describe your full practice history and any clinical or procedural skills undertaken.

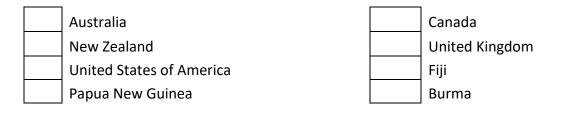
# SECTION F: SUITABILITY STATEMENTS

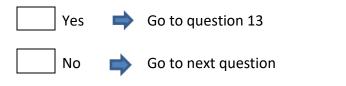
9. Do you have any criminal history?

You must attach a Police clearance form. Only professionals who have applied for a work visa will be exempted.

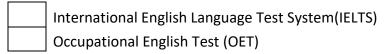


10. Did you undertake your secondary education and your tertiary qualifications in the profession, in English, in one of the following countries?





# **11.** Which of the English language examinations listed below have you successfully completed?



## 12. On what date did you complete this examination

DD/MM/YYYY

# 13. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practice the profession?

No

Go to next section

Yes

You must attach details of any impairments and how they are managed

## SECTION G : OBLIGATIONS OF REGISTERED HEALTH PRACTITIONERS

*Registered health practitioners must inform the council of a change in their* status in any matters that may be related to this application within seven days after becoming aware of the change and if fails to comply may be punishable under law.

#### **SECTION H: FEES**

Please tick the appropriate box(s).

**General Registration** \$100

**Specialist Registration** \$100

**Private Practitioners** 

Registration \$100

Note:

- 1. Registration fee is a stand-alone fee of \$100
- 2. Practicing Licence is a fee of \$100

#### SECTION I: CONSENT

# 14. Please read and make sure you understand these statements before signing

l consent:			
to the council making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as a health practitioner or			
<ul> <li>otherwise regarding matters relevant to this application</li> </ul>			
I authorize:			
<ul> <li>the council to obtain my criminal records if necessary</li> </ul>			
I understand:			
<ul> <li>that a complete criminal history etc will be released to the council if need be</li> </ul>			
I acknowledge			
the board may validate documents provided in support of this application as evidence of			
my identity			
failure to complete all the relevant sections and enclose all supporting documents may			
<ul> <li>result in this application not being accepted</li> </ul>			
I undertake			
to comply with all relevant legislations, board registration, standards, codes and			
• guidelines			
I declare			
<ul> <li>that I am aware of my infection status for blood-borne viruses and I will comply with the</li> <li>requirements of the Infection control guidelines in relation to blood borne viruses</li> </ul>			
that the above statements, and the documents provided in support of this application are			
true and correct			
<ul> <li>that I am the person named in the attached documents</li> </ul>			
I make			
<ul> <li>a declaration in the knowledge that a false statement is grounds for the council to refuse</li> <li>registration</li> </ul>			

Signature of the applicant/registrant

Date

DD/MM/YYYY

Printed name of the applicant/registrant