

BERMUDA MEDICAL COUNCIL

TO: The Executive Officer,
Bermuda Medical Council,
Ministry of Health and Family Services,
P.O. Box HM1195, Hamilton HM EX, Bermuda.
(Continental Building, 25 Church Street, Hamilton HM12)

FORM BMC1

APPLICATION FOR REGISTRATION

A - APPLICATION

I hereby make application for the entry of my name (as a specialist in _____)* in the Register of Medical Practitioners maintained by the Permanent Secretary of Health and Family Services, under Section 6 of the Medical Practitioners Act, 1950; and I do hereby declare that to the best of my knowledge and belief, the particulars hereunder are true.

Dated this _____ day of _____ 20 _____
Signature of Applicant

B - PARTICULARS TO BE FURNISHED BY APPLICANT

- 1. SURNAME: _____
- 2. GIVEN NAMES: _____
- 3. ADDRESS: _____

- 4. AGE: _____ Date of Birth: _____
- 5. NATIONALITY: _____
- 6. PROFESSIONAL DEGREES, DIPLOMAS OR OTHER QUALIFICATIONS (with dates of grant) _____

- 7. PRESENT APPOINTMENT: _____

- 7A. APPOINTMENTS PREVIOUSLY HELD: _____

- 8. CURRENT REGISTRATION with date, place and authority _____

- 9. Particulars (if any) of striking off, or removal, from any medical register, or of any disciplinary action taken by any medical authority _____

- 10. Particulars (if any) of any conviction of any offence as a result of which a sentence of imprisonment was imposed without the option of a fine _____

- 11. Proposed Business Address: _____

DOCUMENTS TO ACCOMPANY APPLICATION: SEE ATTACHED SHEET (originals or notarised copies only)

APPLICATION (\$39.00) REGISTRATION: FEE (\$114.00) **TOTAL: \$153:00**
(Cheques to be made payable to the Accountant General)

*Delete where appropriate

Documentation to be submitted to the Council four (4) to six (6) weeks prior to the physicians date for interview/examination.