



Place Passport picture using paper clip.  
Write your name at the back of the picture

**THE MEDICAL AND DENTAL COUNCIL, REPUBLIC OF THE GAMBIA  
APPLICATION FOR REGISTRATION IN THE REGISTERS FOR MEDICAL  
AND DENTAL PRACTITIONERS**

1. Surname: DOE Forenames: John

2. Date of Birth: 06/28/80 Nationality: USA Gender:  M  F

Marital Status: Married

3. Address: (a) Postal: .....

(b) Residential: 504 Old Jonesboro Rd  
Bristol TN 37620

(c) Tel: (423) 844-1000

(d) E-mail: JohnDoe@gmail.com

4. Primary Qualification:

(i) Description	(ii) Date Obtained	(iii) Medical School/University
<u>MD</u>	<u>05/1998</u>	<u>Harvard Medical School</u>

5. (a) Previous Registration(s):

Country:	Date:	Registering Body:
(i) <u>USA</u>	(i) <u>06/1998</u>	(i) <u>State of Tennessee</u>
(ii) <u>USA</u>	(ii) <u>07/1998</u>	(ii) <u>American Board of Pediatrics</u>
(iii) .....	(iii) .....	(iii) .....

(b) Has any Council or similar body ever **REFUSED** registering you in any Register?

YES/NO  NO

If YES, state: Country: .....

Date of such refusal: .....

Reason(s):.....

6. Professional Conduct:

(a) Has any Council or similar body **SUSPENDED/ERASED** your name from any of its REGISTERS? **YES/NO**

If YES, state COUNTRY: .....

Date Suspended/Erased:.....

Reason(s) for **SUSPENSION/ERASURE**:.....

Date **RE-INSTATED**: .....

(b) Has any Council or similar body ever investigated you for an alleged breach of professional conduct? **YES/NO**

If YES, state: COUNTRY: .....

Nature of allegation:.....

Outcome:.....

7. Present Employer:

(a) Name and Address of Employer	Date Commenced	Description/Position (i.e. Consultant, Registrar, SHO, MO, etc)
----------------------------------	----------------	---

Bristol Medical Center	06/19/1998	Pediatrician (MD)
------------------------	------------	-------------------

(b) Anticipated Place of Work

N/A

Date: 9/26/2021

Signature: John Doe

Application Form must be accompanied by:

- (i) Photocopies of Certificates/Diplomas (if not in English, kindly attach a notarized translation). Council reserves the right to ask for Original Copies of any support documentation for verification purposes.
- (ii) A recent passport size photograph of the applicant.
- (iii) A Certificate of Good Standing/Professional Status from the last Country of Practice.

Please inform this office of any change of address.

**FOR OFFICE USE ONLY**

Received by ..... Date ...../...../.....

Checked by ..... Date ...../...../.....

Amount paid. .... Receipt No. ....

Signature of Officer ..... Date ...../...../.....

Registrar's Comments .....  
.....  
.....

Signature ..... Date ...../...../.....

Chairman's Comments .....  
.....  
.....

Signature ..... Date ...../...../.....

Approved: Yes  No  Date: ...../...../.....

Registration Number .....

Entered into Register by ..... Date: ...../...../.....