

CHECKLIST FOR APPLICATIONS OF FOREIGN QUALIFIED MEDICAL PRACTITIONERS – REGISTRATION

(All applications are required to have this minimum
information)

File number					
Surname					
Name(s)					
Gender					
DOCUMENTS REQUIRED TO COMPLETE APPLICATION					
Curriculum Vitae					
Form 12 (duly completed with the official stamp of the Commissioner of Oaths)					
Form 10 (Intern duty certificate signed with the official stamp of the Hospital)					
Notarised Degree (Foreign & English translation)					
Notarized English translation of certificates					
Name of University			In list		Not in list
Notarized Academic Transcript (Foreign & English translation)					
Detailed of Academic Curriculum for the medical degree indicating the course of study, specifying courses, content of education and training which comprise the following					
<ul style="list-style-type: none"> i. The name of subjects covered in every year of study; ii. The content of each subject; iii. Learning outcomes for subjects; iv. Assessment criteria/method. 					
Proof of work experience					
Original Proof of registration with the medical regulator from the Country were currently registered					
Recent Original Certificate of Good Standing from the medical authority you were currently registered;					
Notarised Passport / Identity document					
Proof of having completed a Board approved English Course (IELTS)					
Letter from the Directorate Workforce Management (DWM)					
ECFMG final verification report with the following being verified:					
<ul style="list-style-type: none"> i. Medical Diploma ii. Academic Transcript iii. Internship certificate iv. Medical Registration with your Council v. Post Graduate training certificates 					
RESOLUTION OF ECM					
Examination			Non examination		Internship
NOTES:					
Prepared by	Committee Coordinator				
Verified by	Board Manager				