

SECTION 7. SCREENING QUESTIONS – Answer all of the following questions.

Answer the following questions by placing a tick (✓) in the appropriate box. If you answer “yes” to questions 2-6 provide complete details **on a separate sheet of paper** and attach to this form. Sign and date below

		Yes	No
1.	Do you hold licensure or are you registered (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list each one.		
2.	Have you ever withdrawn an application for registration, had an application denied or refused, or agreed not to reapply for registration in another country?		
3.	Has any disciplinary action been taken against you by any medical authority?		
4.	Have you had privileges denied, revoked or restricted in a hospital or other health care facility?		
5.	Have you been convicted, found guilty, or pleaded guilty or nolo contendere to any offence?		
6.	Do you have a physical or medical condition that currently impairs your ability to practice medicine?		
7.	Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs?		
8.	Do you have malpractice insurance or are you a member of a medical protection society?		

SECTION 8. SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements may result in the revocation of my registration.

Dated this ____ day of _____ 20 ____ _____
Signature of Applicant

Application Fee: BD\$161.00 (US\$161.00). Do not send cash. Make check or money order payable to the **Accountant General**.

MAIL TO:

Bermuda Medical Council,
P.O. Box HM1195
Hamilton HM EX
Bermuda.
Telephone: 278-4921
Facsimile: 292-2629

BERMUDA MEDICAL COUNCIL

DOCUMENTS TO ACCOMPANY APPLICATIONS FOR REGISTRATION AS A GENERAL PRACTITIONER OR SPECIALIST

1. Original of all medical diplomas awarded to the applicant, or copies of such medical diplomas, **certified as true copies** by or on behalf of the authorities by which the original medical diplomas were respectively received. **If applying for registration as a specialist the applicant's Specialist Certificate must be included.**
2. In any case where the applicant is registered as a medical practitioner in any country or place outside these islands, a copy of the relevant entry or entries in that foreign register certified as a true copy by the authority that keep and maintains that foreign register.
3. A certificate or testimonial of the character of the applicant given within the period of three months last preceding the date of the application by a person of standing and responsibility well acquainted with the applicant.
4. A statement by the applicant of his professional experience up to the date of application.
5. A certificate or testimonial of the professional competence of the applicant given by a medical practitioner of standing and responsibility, well acquainted with the applicant.
6. Certificate of Goodstanding (current licensing authority).

Facsimile copies will not be accepted.