



**APPLICATION TO REGISTER AS A SPECIALIST
WITH THE
MEDICAL BOARD OF TRINIDAD AND TOBAGO**

I, hereby apply for Registration
(NAME IN BLOCK LETTERS)
with the Medical Board of Trinidad and Tobago and by virtue of the following
qualifications of which I am lawfully possessed.

1. List qualifications registering with the Medical Board of Trinidad and Tobago:-
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2. List qualifications previously registered with the Medical Board of Trinidad and Tobago:-
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3. List of other supporting documents:-
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Applicant's Ordinary Address

.....
Applicant's Signature

Date of Application

Applicant must submit with this Application:-

1. *Original Qualifying Diploma and/or supporting documents with a photocopy*
2. *Prescribed Fee of TT\$1,000.00*

Reg. Number

Date Issued

Receipt No.