



**APPLICATION TO REGISTER  
AN ADDITIONAL QUALIFICATION WITH THE  
MEDICAL BOARD OF TRINIDAD & TOBAGO**

I, ..... hereby apply for Registration  
(NAME IN BLOCK LETTERS)  
with the Medical Board of Trinidad and Tobago (in accordance with Section 15 of the  
Medical Board Act 1960) 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:- .....  
.....  
.....
3. List any qualifications registered with other Medical Bodies:- .....  
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.....

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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 a photocopy*
2. *Prescribed Fee of TT\$500.00 (Additional Diploma)*

Reg. Number .....

Date Issued .....

Receipt No. ....