NOTIFICATION OF EMIGRATION

Surname: _____

First /Other Names: _____

(Estimated) Date of Emigration: _____ _____ _____
(Month) (Day) (Year)

(Estimated) Date of Return to Trinidad: _____ _____ _____
(Month) (Day) (Year)

Country emigrated to : _____

State/Province (optional): _____

Check one option
Reason for emigration:

☐Employment ☐Post-graduate training ☐ Permanent relocation (not expected to return)

☐Other: Please specify _____

Date:_____ Signature:_____

Kindly mail this form to : Medical Board of Trinidad & Tobago
Building F2
Eric Williams Medical Sciences Complex
Champs Fleurs
Trinidad, W.I.

Or email: medicalboardtt@gmail.com.