

**APPLICATION TO ENTER**  
**MEDICAL SPECIALIST REGISTER**



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:-**

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

**2. List qualifications previously registered with the Medical Board of Trinidad and Tobago:-**

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	ORIGINAL CERTIFICATE NOTARIZED	OFFICE

**3. List any qualifications registered with other Medical Bodies:-**

QUALIFICATION	ISSUING EDUCATIONAL BODY	DATE OF AWARD	REGISTERING BODY	OFFICE

**4. FELLOWSHIP DETAILS:**

Title of Fellowship	
Specialty	
Hospitals/Institutes	
Certifying body approving Fellowship	
Dates employes in Fellowship	
Time spent in Fellowship	

*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\$1,000.00 (Higher Diploma)*

**Reg. Number** .....

**Date Issued** .....

**Receipt No.** .....