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FIJI MEDICAL COUNCIL

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Application for Temporary Registration as a Medical Practitioner in Fiji

 Under The Medical & Dental Practitioner Decree 2010.

 Only to be used for reapplication if registered in Fiji in the preceding 24 months

This form should be downloaded. Fill in the blanks on the computer. Additional details should be added on separate paper. Forms & other information should be emailed to info@fijimdc.com

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| 1. Personal Information: |
| Surname :        |  |  | Preferred Title: |
| First Names:       | Mr. [ ]  Miss. [ ]  Ms. [ ]  Dr. [ ]  Prof. [ ]  |
| List any changes to contact details.   |
|  |
| List dates of last temporary registration in Fiji. (Information available on your last Temporary Practicing Certificate.) Dates: From …/……/….. to …/……/….. )  List your Registration / File Number.       |
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| 2. List any changes to Medical Registration since last registration: |

Sought:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of entry | Registering Authority  | Name of Nation / State  | Valid until |  General/Specialist |
|  |       |       |       |       |

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| 3. Temporary Registration details:  |
|  Dates: From …/……/….. Until …/……/….. (Duration less than 3 months) Reason for seeking registration: (Give name of sponsoring agency, place of practice, details of project, etc.)      |

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|  4. Current location and sphere of Medical practice : |
| Including hospital / academic appointments: *Give full name and address of employing authority; or, if relevant name partners in private practice, or state “Solo Practice”.*      |

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| 5. Professional Indemnity:  |

Do you have professional indemnity cover insurance that will be applicable whilst you practice in Fiji? Yes/No:

If yes, please provide the details and evidence.

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| 6. Declaration by Applicant : |

* I undertake to display my temporary practicing certificate in the public area of my practice and ensure that patients are aware of the status and conditions.
* I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
* I undertake to provide the Council police clearance reports from all jurisdictions should the Council seek such document;
* I undertake to provide the Council medical reports should the Council seek such document;
* I undertake to cooperate with the Council in all matters including complaints and disciplinary;
* I consent to the Secretariat divulging relevant practice details as it sees fit.
* I consent to the Secretariat verifying any information provided by me in this form;
* I declare that I am fit for practice in the vocation I am applying for;
* I make this declaration in the knowledge that a false statement may amount to perjury and revoke my temporary practicing certificate;
* I solemnly declare to the best of my knowledge that all information provided are true & correct;
* I undertake to uphold the Medical profession in high esteem.

Signed: ………………………………… Date: ……/……./20…….

IF FORM IS SENT ELECTRONICALLY; PLACING YOUR NAME BELOW CONSTITUTES TO ELECTRONIC SIGNATURE.

Name:       Place:

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**Supporting Documents Required:**

Please submit copies of the following documents with this application:

1. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
2. Certificate of good standing from the Medical Registration authority of your current / most recent place of Medical practice, dated not more than 3 months before the date of this application.
3. Evidence of Professional Indemnity.
4. Support letter from your local partner in Fiji.

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| 10. Payment: |

A fee of **Fj$100.00** must be paid with this application or delivered at our office upon your arrival. Please make any cheques payable to the Fiji Medical & Dental Secretariat. Should you wish to make direct payment, add your details in the payer section & deposit the fee in our ANZ account # 10737532 Swift Code: ANZBFJFX. Evidence of payment must be emailed.

Preferred method of payment

 Cash Transfer Credit to ANZ Account