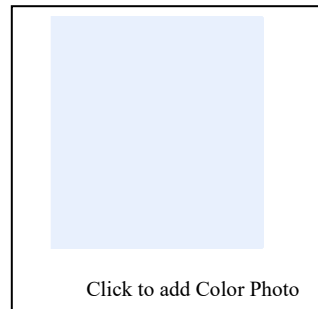


# FIJI MEDICAL COUNCIL

Application for Temporary Registration as a  
Medical Practitioner in Fiji  
Under Medical & Dental Practitioner Decree 2010



This form should be downloaded. Fill in the blanks on the computer. Additional details should be added on separate paper. Completed form & other information should be emailed to [info@natuvu.org](mailto:info@natuvu.org)

| 1. Personal Information:                               |                     |   |   |                   |
|--|---------------------|---|---|-------------------|
| Surname :  |                     |   | Preferred Title:  |                   |
| First Name:  |                     |   | Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Prof. <input type="checkbox"/> |                   |
| Other Names:   |                     |   |   |                   |
| Date of Birth:<br><small>Day Month Year</small><br>/ / |                     | <input type="checkbox"/> Male <input type="checkbox"/> Female | Country of Citizenship:   | Country of Birth: |
| Practice / Residential Address:                        |                     |   | Postal Address:   |                   |
| Telephone - Home:                                      |                     | Work:   | Fax:  |                   |
| Mobile:  |                     | Email:  |   |                   |
| Passport No:   | Driving License No: |   | Driver's State:   |                   |
| Languages Spoken:                                      |                     |   |   |                   |
| Next of Kin:   |                     | Relationship:   |   |                   |
| Address:   |                     |   |   |                   |
| Telephone/Mobile:                                      |                     |   |   |                   |

| 2. Medical Registration held in United States and elsewhere:                          |                       |                        |             |                    |
|---|-----------------------|------------------------|-------------|--------------------|
| Date of entry<br><small>Day / Month / Year</small>                                    | Registering Authority | Name of Nation / State | Valid until | General/Specialist |
|   |                       |                        |             |                    |
|   |                       |                        |             |                    |
|   |                       |                        |             |                    |
| 3. Temporary Registration details:  |                       |                        |             |                    |
| Dates: From Day / Month / Year Until Day / Month / Year (Duration less than 3 months) |                       |                        |             |                    |

**Reason for seeking registration:**

To provide free medical examinations and treatments to the poor, free of charge, at the Mission at Natuvu Creek, Buca Bay, Vanua Levu

**4. Primary Medical Qualification:****Qualification Gained:**

Institute:

Country:

Year &amp; Length of program:

Language of instruction of course:

**5. Postgraduate Degrees / Certifications:**

| Date (year/month) | Degree / diploma | Full name and location of conferring authority |
|-------------------|------------------|--|
|                   |                  |  |
|                   |                  |  |

Language of instruction of course:

**6. Other degrees & qualifications (in any field):**

Language of instruction of course:

**7. Disciplinary Enquiries and Charges (concluded & pending):**

| Date | Country | Details & Outcome |
|------|---------|-------------------|
|      |         |                   |
|      |         |                   |

**8. 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" Include solo practice address.*

**9. Medical / Fitness for Practice :**

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm?    Yes        No

Do you have any medical condition which may place you or your patients at an increased risk or harm?

Yes      No

If Yes, please detail conditions (include date of injury/ illness). Also provide details of your Hepatitis B immunization.

#### 10. Professional Indemnity:

Do you have professional indemnity cover insurance that will be applicable whilst you practice in Fiji?

Yes/No: **YES - Guernsey Trust International Helpers Insurance – SEE ATTACHED – Obtained by Mission at Natuvu Creek.**

#### 11. Other Matters:

Are you currently facing any criminal or traffic charges?    Yes      No

If yes, please provide details

#### 12. 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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**Warning: False / Fraudulent claims:** In the event of any applicant submitting false or incomplete data, and / or copies of certificates, which are found to be false, the Medical Registration authority of the applicant's citizenship will be notified. The application for registration in Fiji will be unsuccessful; or provisional registration, if already given, will not be confirmed, and may be cancelled.

Note 1: The Fiji Medical Council will determine your eligibility for registration.

Note 2: Applications for Temporary Registration, for visits by consultants for specific projects, must be accompanied by letters of recommendation from the medical practitioner, resident in Fiji, who is responsible for the project.

Note 3: Applicants for renewal of registration who have been registered in Fiji within the preceding 24 months, may use a simplified application form obtainable on request,(including by email), provided the circumstances of the application are substantially unchanged from the previous visit. A current Practicing Certificate/Letter of Good Standing is required in all cases.

**Supporting Documents Required:**

Please submit copies of the following documents with this application:

1. Certified copy of Basic Medical qualification.
2. Certified copy of postgraduate qualifications.
3. Insert a digital passport style colour photograph on the front page which must be not more than one month old.
4. 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 (ONLY FOR OVERSEAS APPLICANTS).
5. Certified copy of driving license or ID.
6. Certified copy of passport.
7. Evidence of Professional Indemnity – **WILL BE PROVIDED BY MISSION AT NATUVU CREEK.**
8. Support letter from your local partner in Fiji.- **WILL BE PROVIDED BY MISSION AT NATUVU CREEK**

PLEASE RETURN THIS DOCUMENT IN ITS ORIGINAL FORMAT WITH SUPPORTING DOCUMENTS TO:

**info@natuvucreek.org**