



FIJI MEDICAL & DENTAL COUNCIL

1 Brown St, Suva | PO Box 18914, Suva | Website: www.fijimds.com | Ph. +679 3303647, +679 7731502 |
Email: Medical Registration registration_med@fijimds.com Dental Registration: registration_den@fijimds.com

NEW DENTAL & MEDICAL PRACTITIONERS – TEMPORARY APPLICATION

Additional documents to be attached to this form. This form to be submitted to the Mission at Natuvu Creek for review and submission to the Council. Do not send any documents directly to Fiji.

Upload

Current photo

Year of (Trip) Registration :

Do you wish to Practice? Yes ☒ No ☐

1. PERSONAL INFORMATION

Last (Surname):	CURRENT REGISTRATION (LICENSE) NUMBER:
First (Forenames):	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Other Names:	County of Citizenship:
Date of Birth (DD/MM/YYYY):	Email:
Residential Address:	Postal Address:
Telephone Work:	Telephone Mobile:
Passport Number:	Language Spoken:
Next of Kin:	Next of Kin Phone:
Relationship:	Email:
	Address:

2. MEDICAL OR DENTAL REGISTRATION HELD (*Previously in Fiji or in U.S. or other*)

DATE OF ENTRY (DD/MM/YYYY)	REG. AUTHORITY	NATION/STATE	VALID UNTIL (DD/MM/YYYY)	GENERAL/SPECIALIST
<i>Ex: 25/07/1998</i>	<i>Medical Board of CA</i>	<i>USA/California</i>	<i>31/12/2026</i>	<i>Physician / Surgeon</i>
1.				
2.				
3.				
4.				



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3. PRIMARY QUALIFICATION

Qualification Gained: *Ex: Physician:*

Institute:

Years & Length of Program:

Clinical Instruction Received at:

Language of Course:

4. REGISTRATION

Category of Registration: ☒ Temporary from: Until:

Reason for Seeking Registration:

To provide free examinations and treatments to those in need, free of charge, at the Mission at Natuvu Creek, Buca Bay, Vanua Levu.

5. CONTINUING PROFESSIONAL DEVELOPMENT: List all CPD activities in the last 12 months. Use a separate page if needed.

Date (DD/MM/YYYY)	Activity	Hours

6. PROFESSIONAL INDEMNITY

Do you have Professional Indemnity Insurance? Yes ☒ No ☐

Details:

Guernsey Trust International Helpers Insurance (See Attached) – Obtained by the Mission at Natuvu Creek

7. CRIMINAL/ OTHER CONVICTIONS

Are you facing any criminal, drug or alcohol related charges? Yes ☐ No ☐

If YES, please provide details:



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8. DECLARE INTEREST IN RELEVANT BUSINESS

Section 93 of the Medical & Dental Practitioner Act 2010 requires a registered person or close relative to declare interest in a relevant business. Please provide details:

No interest in a relevant business. Seeking temporary registration only to provide free humanitarian services at the Mission at Natuvu Creek in Vanua Levu.

9. DECLARATION BY APPLICANT (Sign and Date for application to be considered complete)

- I undertake to display my Annual Practice Certificate in the Public area of my Practice;
 - I undertake to comply with all relevant legislation and Council guidelines, regulations, codes & standards;
 - I undertake to provide the Council/Secretariat police clearance reports from all jurisdictions should the Council seek such documents;
 - I undertake to provide the Council/Secretariat Dental reports or any report pertaining to the practice should the Council seek such documents;
 - I undertake to inform the Council within 30 days should any of the details at any time change than that be stated on this form;
 - I undertake to cooperate with the Council/Secretariat in all matters pertaining to complaints and disciplinary proceedings;
 - I consent to the Secretariat to divulge relevant practice details as per the Medical & Dental Practitioner Act 2010;
 - 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 Practicing Certificate;
 - I solemnly declare to the best of my knowledge that all information provided is true and correct;
- I undertake to uphold the Medical / Dental profession in the highest esteem.

Signed: _____ Date (DD/MM/YYYY): _____

PLACING YOUR NAME BELOW CONSTITUTES YOUR ELECTRONIC SIGNATURE

Name: _____ Place: _____

- ATTACH REQUIRED DOCUMENTS BELOW -



DOCUMENT ATTACHMENTS 1 OF 3:

PASSPORT - [click to upload](#)

LICENSE TO PRACTICE - [click to upload](#)

DOCUMENT ATTACHMENTS 2 of 3:

UNIVERSITY DEGREE - [click to upload](#)

MEDICAL OR DENTAL SCHOOL DEGREE - [click to upload](#)

DOCUMENT ATTACHMENTS 3 of 3:

**Continuing Education Certificates in the past 12 months, if any.
Attach additional page(s) if needed. - click to upload**