

**FORWARDED HEREWITH ARE THE FOLLOWING:**

1. CERTIFICATES (OR CERTIFIED COPIES THEREOF):

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2. CHARACTER REFERENCES FROM TWO REFEREES — **ONE MUST BE FROM A PERSON IN GOOD STANDING IN THE APPLICANT'S PROFESSION**
3. ONE PASSPORT SIZE PHOTOGRAPH

**PLEASE STATE:**

1. ARE YOU FLUENT IN THE USE OF THE ENGLISH LANGUAGE? [ ] YES [ ] NO
2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? [ ] YES [ ] NO  
(If "YES" give details)
3. HAVE YOU EVER BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT?  
(If "YES" give details) [ ] YES [ ] NO

**I DECLARE** THAT THE FOREGOING PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT MADE A PREVIOUS APPLICATION AND I HAVE READ THE **COUNCIL'S GUIDELINE ON INFAMOUS CONDUCT**. I ENCLOSE THE FEE OF \_\_\_\_\_ DOLLARS AND I HEREBY APPLY FOR REGISTRATION IN THE REGISTER FOR \_\_\_\_\_ AND I PROMISE, IN THE EVENT OF MY BEING REGISTERED, AND IN THE CONSIDERATION THEREOF, TO BE BOUND BY AND TO CONFORM IN ALL RESPECTS TO THE REGULATIONS RELATING TO \_\_\_\_\_ FOR THE TIME BEING IN FORCE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Return completed form to:

**The Registrar  
Professions Supplementary to Medicine  
9<sup>th</sup> Floor, Oceana Complex  
2-4 King Street, Kingston,  
JAMAICA, WEST INDIES**

FOR OFFICE USE ONLY	
DOCUMENTS RECEIVED	
REGISTRATION FEE (\$ _____ )	CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/>
REGISTRATION DATE	
CERTIFICATE NO.	
DATE COLLECTED/DISPATCHED	

VERIFIED	APPROVED	DEFERRED	REJECTED