



# MEDICAL COUNCIL OF BELIZE

## REGISTRATION APPLICATION FORM

(To be completed in duplicate by applicant)

### A. Personal Data:

Full Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ Same as Permanent:

Current Mailing Address: \_\_\_\_\_ Same as Permanent:

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Telephone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

Citizenship(s): \_\_\_\_\_

Language Spoken by Applicant: First: \_\_\_\_\_ Other(s): \_\_\_\_\_

### B. Qualification:

Primary Medical Degree \_\_\_\_\_

Country where degree was obtained: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

University awarding Degree: \_\_\_\_\_

*Higher medical (specialty) qualifications / degree(s):*

*Reasons for requesting registration in Belize:*

Name and address for two professional referee who have worked with applicant for at least two years. Both letter of reference from said referees must have been written in the last six months. Letters must be addressed to the Medical Council of Belize, stamped and delivered sealed. **\*\*Electronic version may be accepted along with applications delivered electronically. Sealed hard copy to be delivered with hard copy of application and documents.**

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MM YYYY

## **List of Documents to be submitted for Full Registration**

- 1) Curriculum Vitae (**Two** pages only)
- 2) Authenticated original degree, diploma or certificate. It must be authenticated with the seal and signature of (i) Dean of the University, (ii) Ministry of Education of Belize, (iii) Ministry of Foreign Affairs of Belize and (iv) the Belize Embassy or British High Commissioner, Or the Apostile where applicable.
- 3) Sealed official transcripts from all Institutions of Medical Education
- 4) Current Letter of Good Standing from the Medical Council (or equivalent) of last country where working.
- 5) Current License to practice.
- 6) Notarized translation to English language performed by a certified translator, if the documents are in any other language.
- 7) Proof of Caricom Citizenship (birth certificate, passport).
- 8) Two notarized recent passport size photographs.
- 9) Police Record from place of residence from each place of residence of 6 months or more.
- 10) Submission of Application form must be accompanied by receipt of having paid \$100.00 application fee to the account of the Medical Council of Belize with the Heritage Bank account no: 9141455.
- 11) Application form and all documents must be submitted electronically and physically in Duplicate to the office of the Medical Council of Belize at 1216 Blue Marlin Boulevard, Belize City, Belize.

## **List of Documents to be submitted by Non Caricom Nationals for Temporary Registration**

1. All of the above requirements except # 7.
2. Proof of Citizenship (Passport)
3. Firm accepted offer of Employment from Local Healthcare Institution.
4. Copy of three newspaper clippings advertising the said post **must** accompany the application form.

**NB. An appointment for Interview by the Medical Council of Belize may be scheduled after completed application is processed and accepted. On day of Interview bring original documents as stated above, as well as two copies of each.**