

MEDICAL AND DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"

PRACTITIONERS' APPLICATION FOR RECERTIFICATION - 2010

NAME OF PRACTITIONER:.....SEX:.....

MDC REGISTRATION NO.:.....

INSTITUTION OF PRACTICE/WORK:.....

POSTAL ADDRESS:.....

.....

LOCATION ADDRESS (FOR EMS DELIVERY):.....

.....

E-MAIL:.....TEL/MOB.:.....

CPD EVENTS UNDERTAKEN:

<u>Event Title</u>	<u>Credit(s)</u> <u>Scored</u>	<u>Date</u>	<u>Certificate</u> <u>Attached</u>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
.....	Y <input type="checkbox"/> N <input type="checkbox"/>
Total No. Of Credits		

OFFICE USE ONLY

Received by:..... Amount GH₵:.....

Cheque No.:..... Date:.....

[Commission on drawer's account]

Comments:.....


.....

Final Approval Date:..... Signature:.....

MEDICAL & DENTAL COUNCIL

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"

Medical and Dental Practitioners



GUIDELINES FOR RENEWAL OF LICENSE FOR 2010

1. Pick up a Registration form from any of the offices listed in No. 5/ download from MDC website: www.mdcghana.org
2. Complete the Registration Form
3. Attach copies of CPDs Certificates
4. Attach a cheque/bankers draft of GH¢80.00 payable to Medical and Dental Council
5. Submit documents to any of the underlisted:
 - a) MDC Secretariat,
 - b) Office of the Medical Director, Teaching Hospitals,
 - c) Office of the Regional Director of Health Service,
 - d) Office of the Medical Director Regional Hospitals.
 - e) Office of the Medical Superintendents Accredited Institution
6. Payment by cash can be done **ONLY** at the Council's Secretariat.
7. Practitioners are reminded to pay up not later than **31st December 2009**

Thank you.

REGISTRAR