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Kingram House, Kingram Place, Dublin 2.
Telephone: +353-1-4983100
Facsimile: +353-1-4983102
Email: registration@mcirl.ie
Website: www.medicalcouncil.ie



Comhairle na nDochtúirí Leighis Medical Council

ALL PARTS OF THIS FORM MUST BE COMPLETED, SIGNED AND DATED.

[illegible][illegible]+^o**ADDRESS** (TO BE USED AS YOUR REGISTERED ADDRESS. YOUR CERTIFICATE WILL BE SENT TO THIS ADDRESS ONLY):

NOTE: THE REGISTRATION YEAR RUNS FROM 1ST JULY TO 30TH JUNE. IF A DOCTOR IS REGISTERED DURING THE REGISTRATION YEAR, A RETENTION FEE IS PAYABLE ON THE FOLLOWING 1ST JULY. IF REGISTRATION IS GRANTED, ITEMS MARKED + WILL APPEAR ON THE REGISTER OF MEDICAL PRACTITIONERS. IF REGISTRATION IS GRANTED, ITEMS MARKED ° MAY BE SHARED WITH RELEVANT THIRD PARTIES, EG TRAINING BODIES AND THE HSE

CONTACT DETAILS: (PLEASE INCLUDE INTERNATIONAL CODES IF OUTSIDE THE REPUBLIC OF IRELAND)																		
Phone:																		
Fax:																		
Mobile:																		
E-mail address:	Contacting applicants about their application by email is often quicker than by post.																	

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NOTE: IN ORDER TO VERIFY YOUR IDENTITY, YOU MAY BE ASKED FOR THE ABOVE INFORMATION WHEN YOU CONTACT THE MEDICAL COUNCIL.

IMPORTANT INFORMATION:

YOU SHOULD ONLY SUBMIT THIS FORM AFTER BEING DECLARED ELIGIBLE FOR GENERAL DIVISION REGISTRATION AND AFTER HAVING RECEIVED AN ELIGIBILITY LETTER FROM THE MEDICAL COUNCIL.

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

Check List	
Up-to-date Curriculum Vitae	
CURRENT CERTIFICATE(S) OF GOOD STANDING DATED WITHIN 3 MONTHS FROM ALL AUTHORITIES WITH WHOM YOU HAVE BEEN REGISTERED IN THE PAST 5 YEARS. THE CERTIFICATE SHOULD BE SENT DIRECTLY FROM THE ISSUING BODY TO THE MEDICAL COUNCIL	
NOTARISED / ATTESTED COPY OF YOUR PASSPORT – A NEW COPY IS REQUIRED AS PROOF OF IDENTITY TO ACTIVATE YOUR REGISTRATION	

