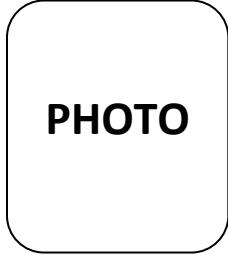


FORM 3A

APPLICATION FOR PROVISIONAL REGISTRATION AS A FOREIGN DOCTOR/ SPECIALIST (FOREIGN PRACTITIONER)



YEAR _____

PHOTO

Personal Information:

Surname: _____

First Name: _____ Other Name: _____

Gender: Male Female

Date of Birth: _____ Nationality: _____

Passport No: _____ Issuing Date: _____ Reg. No: _____

Address: _____

Code: _____ Town: _____ Country: _____

Phone No: _____ Mobile: _____

Email: _____

Academic Qualification:

Degree/ Certificate/ License Held: _____

Date Qualified: _____ Country: _____

School/College: _____

University/ Institute: _____

Contact details: _____

Website: _____

Contact Phone: _____ Email: _____

Particulars of Experience (e.g. posts held, type of practice in which the application has been engaged): _____

Countries in which the applicant has practiced: _____

Testimonials covering the period(s) of experience: _____

The Employer: _____

Tel No: _____ E-mail Address: _____

Mandatory Requirements

- (i) *Original academic qualifications signed and authenticated by the dean of college and Academic Affairs Secretary of the university or institution*
- (ii) *Authenticated copies of English translation of the academic and transcripts certificates in case the copies are issued in other languages*
- (iii) *Certified and attested certificate of registration in country in which he or she was qualified and practicing before applying for registration in South Sudan:*
- (iv) *Certified and attested evidence of experience/Internship and training issued by the country where he or she was practicing before applying for registration in South Sudan.*
- (v) *Certified and attested certificate of good standing from the registration authority of the country in which he or she was practicing before applying for registration in South Sudan*
- (vi) *Curriculum vitae (Resume)*
- (vii) *Letter from the employer in South Sudan be it government, NGO or private sectors: registration will only be given for employment applied for and not transferable without approval of the Council*
- (viii) *Accreditation of all Credentials by International Accreditation agency (EPIC/ Data Flow)*
- (ix) *Identification documents (Passport)*
- (x) *two (2) Passport Photographs*
- (xi) *Completion of the registration form*
- (xii) *Pay the application and registration fees after fulfillment of registration requirements (see the attached fees structure)*
- (xiii) *All payments are **non-refundable** and should be made at the given **Bank details**. The original banking slip must be submitted together with the form.*

**(COOPERATIVE BANK OF SOUTH SUDAN, JUBA BRANCH, AC NAME:
SOUTH SUDAN GENERAL MEDICAL COUNCIL, AC#: SSP 01126004358500,
USD 02126004358500)**



Declaration:

I hereby certify that the above information is correct to the best of my knowledge and that I have met the above requirements.

Signature of applicant: _____ *Date:* _____

For Official Use:

(This process must take a max of 2 weeks)

Verified by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Recommended by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Approved

Not Approved

Specialty/ Sub-specialty: _____

Name: _____ Designation: _____

Signature: _____ Date: _____