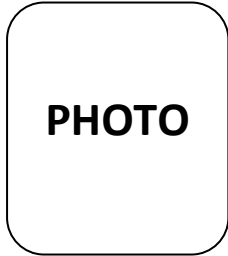


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**APPLICATION FOR PROVISIONAL REGISTRATION AS A FOREIGN  
DOCTOR/ SPECIALIST  
(FOREIGN PRACTITIONER)**



YEAR \_\_\_\_\_

**1. Personal Information:**

- 1.1. Surname: \_\_\_\_\_
- 1.2. First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_
- 1.3. Gender: Male  Female
- 1.4. Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_
- 1.5. Passport No: \_\_\_\_\_ Issuing Date: \_\_\_\_\_ Reg. No: \_\_\_\_\_
- 1.6. Address: \_\_\_\_\_
- 1.7. Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_
- 1.8. Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_
- 1.9. Email: \_\_\_\_\_

**2. Academic Qualification:**

- 2.1. Degree/ Certificate/ License Held: \_\_\_\_\_
- 2.2. Date Qualified: \_\_\_\_\_ Country: \_\_\_\_\_
- 2.3. School/College: \_\_\_\_\_
- 2.4. University/ Institute: \_\_\_\_\_
- 2.5. Contact details: \_\_\_\_\_
- 2.6. Website: \_\_\_\_\_

2.7. Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

2.9. Countries in which the applicant has practiced: \_\_\_\_\_

2.10. Testimonials covering the period(s) of experience: \_\_\_\_\_

**3. The Employer:** \_\_\_\_\_

Tel No: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### **4. 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).**

**5. 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: \_\_\_\_\_

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**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: \_\_\_\_\_