

APPLICATION FOR MEDICAL REGISTRATION

IMPORTANT NOTE: APPLICATION WITHOUT COMPLETE DOCUMENTATION OR APPLICATION FEE WILL BE RETURNED TO APPLYING INSTITUTION UNPROCESSED.

INSTRUCTIONS TO APPLICANT:

1. FILL IN SECTIONS I TO V OF APPLICATION FORM CLEARLY IN BLACK INK & USE CAPITAL LETTERS. CROSS REFERENCE IS NOT ALLOWED.
2. The completed application form (in original) shall be forwarded to the SMC through the prospective institution of employment / training. **DOCUMENTS IN FOREIGN LANGUAGE SHALL BE SUBMITTED TOGETHER WITH THE CERTIFIED ENGLISH TRANSLATIONS & ORIGINAL COPIES OF THE DOCUMENTS.**

Originals of the following documents will be required for retention by the SMC:

- a. Letter of offer of employment from the prospective employer in Singapore;
- b. Letters of verification¹ for basic and postgraduate medical qualification;
- c. Certificate of Good Standing (CGS) issued by the medical licensing authority of the country where the doctor has been practising for the last 3 years prior to the application. **Applicant must apply for a CGS and arrange for one to be sent directly from the issuing authority to SMC.** CGS submitted by the doctor in person will result in a delay in registration, as direct verification will be conducted. The CGS received by SMC must not exceed 3 months from its issue date when the doctor comes for registration in person.
- d. For newly qualified applicants: An original testimonial from the Dean of the Medical School attesting to the applicant's character is required. **The testimonial must be sent directly to the SMC by the issuing authority.** Failure to do so may result in delay in the doctor's registration.
IMPORTANT NOTE: SMC WILL NOT REGISTER THE DOCTOR IF ITEM (2C) OR ITEM (2D) CANNOT BE PROVIDED.

Photocopies of the following documents will be required:

- e. Undergraduate and postgraduate medical qualifications;
- f. Transcripts of examination results of every year of the applicant's undergraduate medical studies;
- g. Documentary evidence of housemanship/internship training with details on the period spent training in each discipline;
- h. Certificates of service or service testimonials for work experience for the past 3 years, from the supervising Medical Doctors or Institutions concerned, indicating grade of employment, nature of work, period of employment, and assessment of work performance, etc. (**Note:** Certificates of service / service testimonials for work experience or training attachments in USA, UK or Australia for periods of 6 months and above should be submitted);
- i. Certificates of registration with other medical licensing authorities.

English Language Requirement:

3. International Medical Graduate is required to produce evidence of proficiency in English Language to the SMC if his basic medical degree is from a medical school where the medium of instruction is not English.

Test results obtained from the International English Language Testing System (IELTS) test or the Test of English as a Foreign Language (TOEFL) or the Occupational English Test (OET) can be considered, subject to the minimum score below:

- IELTS - at least 7 for ALL components (Listening, Reading, Writing AND Speaking)
- TOEFL - 250 marks for computer-based test or 600 marks for paper-based test or 100 marks for internet-based test
- OET - Grade B and above

Documents required for an Application for Temporary Registration as a Visiting Expert:

4. In addition to items (2c) and (2e), applicants for temporary registration as visiting experts need to submit the original application form with items (i) to (iii) below to the council, at least 2 weeks before registration is required:

- (i) Letter from sponsoring healthcare institution stating the purpose of application and period required;
- (ii) Curriculum vitae of the visiting expert;
- (iii) Original letter² of verification of the visiting expert's field of speciality and/or expertise.

5. The SMC may also require the doctor to submit any other documents for evaluation of his/ her application.

Documents required from the Employer/ Training Institution:

6. SECTION V OF APPLICATION FORM MUST BE COMPLETED BY THE EMPLOYER CLEARLY IN BLACK INK & CAPITAL LETTERS.
7. For applications for temporary registration for Clinical Observer / Fellows: **Form A** (to be signed by the Head of Department & appointed supervisor) and **Form D1** (to be signed by the Head of Department only) for doctors applying to train under training programmes³ approved by the SMC.
8. For applications for conditional and temporary medical registration: A letter of confirmation (*SMC's supervisory framework - Annex B*) signed by employer; and a letter of undertaking (*SMC's supervisory framework - Annex C*) signed by appointed supervisor.
9. For applicants appointed as a specialist (*for Associate Consultant & above*), an application for specialist accreditation must be submitted to the Specialist Accreditation Board, Ministry of Health concurrently.

Application Fee:

10. The prescribed application fee (in Singapore \$) may be paid by cheque or through Interbank GIRO. Payments by cheque should be crossed and made payable to the "SINGAPORE MEDICAL COUNCIL". **Note: APPLICATION FEE PAID IS NON-REFUNDABLE.**

¹The letter of verification (LV) for basic / postgraduate qualifications must contain information of doctor's name, degree or title conferred, dated and endorsed by an authorized officer of the issuing institution. Only the original letter will be accepted by the SMC if it is received directly from the issuing institution. LV submitted by the employer must be accompanied with evidence that it is directly received from the issuing institution by the employer.

²Letter must be issued by the Head of the respective Clinical Department and Chairman, Medical Board (or equivalent) of the host institution or an academic professional body (The Academy of Medicine, Singapore or the College of Family Physicians, Singapore) affirming the Visiting Expert's expertise & confirm that such expertise is not available locally.

³Training programmes must be accredited and approved by SMC. Application for temporary registration for training must be supported by **Form D1 & Form A for Clinical Observer/ Fellow** and accompanied with details of the training programme.

14. RESIDENTIAL ADDRESS OF MEDICAL PRACTITIONER IN SINGAPORE

House/Block Number										Level			Unit					
Street Name																		
Building Name																		
Postal Code						Telephone Number						*Handphone / Pager Number						

14a. Email Address* _____

15. Preferred Mailing Address Residential Practice Place

Note: *denotes Compulsory fields.

(III) QUALIFICATIONS OF APPLICANT

16. PRIMARY MEDICAL QUALIFICATIONS OBTAINED:

FULL TITLE OF PRIMARY QUALIFICATION & YEAR ATTAINED	NAME / ADDRESS OF THE INSTITUTION WHICH AWARDED THE PRIMARY QUALIFICATION	DATE TRAINING STARTED	DATE TRAINING COMPLETED
16a. Details of Undergraduate Medical Degree: Please complete the following section only if you DID NOT complete your undergraduate medical degree in the SAME University / Medical College:			
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			
Sixth Year			
16b. Are you required to take a licensing examination before you can practise as a medical doctor in the country where you obtained your primary medical qualification?		<input type="checkbox"/> Yes, please provide details. <input type="checkbox"/> No	
16c. If licensing examination is required, have you attempted and passed the required examination, and if not, please state reasons?		<input type="checkbox"/> Yes	<input type="checkbox"/> No, please state reasons.

DECLARATION BY MEDICAL PRACTITIONER

Please answer all questions. If you have answered “yes” to any of the questions, please provide full details and attach supporting documents where applicable.

20. Have you ever been convicted, or been the subject, of an inquiry or an investigation by any professional body, licensing or health authority in Singapore or elsewhere, the subject matter of which may form the basis of professional misconduct or any improper conduct which may bring disrepute to the medical profession?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
21. Have you ever suffered, or are you currently suffering, from any physical or mental illness or any other condition, which may impair your fitness to practise as a medical practitioner?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
22. Have you ever consulted with a psychiatrist or are you currently undergoing psychiatric treatment?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
23. Have you ever been the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere, involving or relating to any physical or mental illness suffered by you?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
24. Have you, at any time before the submission of this application, ever been convicted in a court of law in Singapore or elsewhere of any offence?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

25. I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

26. I acknowledge that the Singapore Medical Council has the unreserved right to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Medical Council. I also understand and give my consent for the Singapore Medical Council to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

Signature of Applicant

Date

38. DATE RECEIVED

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39. OUTCOME DATE

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40. OUTCOME OF APPLICATION: Approved Rejected

<p>41. TYPE OF REGISTRATION GRANTED</p> <p><input type="checkbox"/> Full Registration</p> <p><input type="checkbox"/> Conditional Registration</p> <p><input type="checkbox"/> Temporary Registration</p> <p> <input type="checkbox"/> Visiting Medical Expert</p> <p> <input type="checkbox"/> Clinical Observer</p> <p> <input type="checkbox"/> Clinical Fellow</p> <p> <input type="checkbox"/> Clinical Research Fellow</p> <p><input type="checkbox"/> Provisional Registration</p>	<p>42. MCR NUMBER</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>43. DATE OF REGISTRATION</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>44. END DATE OF PROVISIONAL / TEMPORARY REGISTRATION</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <p>45. FIRST REVIEW DATE</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																								

46. REGISTRATION FEE

Regn Type: Full / Conditional Temporary Provisional Payment Mode: Cheque Interbank GIRO

Amount Paid S\$ _____ Receipt Date

Receipt Number _____

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47. PC FEE: S\$ _____ FOR 1 YEAR/ 2 YEARS.

48. PC FEE: S\$ _____ FOR TEMPORARY REGISTRATION FOR 6 MONTHS / 12 MONTHS

49. OUTSTANDING DOCUMENTS/ INFORMATION:

Basic degree/ Postgraduate degree scroll

Certificate of Good Standing from _____

Service testimonial for _____

Annex C signed by _____

Letter of verification for _____

Name of Medical Registration Officer

Signature and Date