

# APPLICATION FOR MEDICAL REGISTRATION

**Note:** DO NOT use this form if you are applying for medical registration for the **first time** with the Singapore Medical Council (SMC). It is for use only by doctors who had submitted a detailed application form in the last 2 years.

Please complete all sections of the form and submit together with the prescribed fee by cheque or Interbank GIRO to the Council. For payment by cheque, the cheque should be crossed and made payable to **"SINGAPORE MEDICAL COUNCIL"**.

Please note that SMC will require at least 3 to 4 weeks to process your application, provided all supporting documents & fees have been submitted. Applications with **incomplete** documentation will be returned to applicant unprocessed.



MCR No: \_\_\_\_\_ Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Permanent Resident status: **YES / NO\***. If **Yes**, please state year obtained PR status: \_\_\_\_\_

Contact No: \_\_\_\_\_ (Tel) \_\_\_\_\_ (Pgr /Hp) \_\_\_\_\_ (Email)

## SECTION A TO BE COMPLETED BY APPLICANT

### Section A: Reason for Application (*\*Please tick relevant box & delete where applicable*)

**I wish to apply for an extension of my temporary medical registration to continue working\*/ training\* with my current employer\*/ training institution\* for \_\_\_\_\_ months.**  
Fee payable is \$65.

Current employer/ training institution or practice place: \_\_\_\_\_

No. of years in current practice\* / training-place\*: \_\_\_\_\_

No. of years of practice in Singapore: \_\_\_\_\_

Possess Part 1 of registrable postgraduate qualification? Yes\*/ No\*

Name of postgraduate qualification: \_\_\_\_\_

Possess a registrable postgraduate qualification? Yes\*/No\*

Reasons for the extension: \_\_\_\_\_

**I wish to apply for a change of\* / additional\* practice place**  
 Fee payable - Conditional Registration (\$250); Temporary Registration - (\$180).

Proposed Employer's name: \_\_\_\_\_

Institution: \_\_\_\_\_ Dept: \_\_\_\_\_

Address: \_\_\_\_\_ Singapore: \_\_\_\_\_

Proposed appointment: \_\_\_\_\_ (Enclose employer's offer of employment/ training)

**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.**

1. 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
2. Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a medical practitioner or even if your fitness to practise is not impaired, it will still require conditions being imposed on your registration or alternatively, prevents you from practising as a medical practitioner without any restriction?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
3. Have you ever consulted a psychiatrist or are you currently undergoing psychiatric treatment?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
4. 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
5. 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

6. 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.

7. I acknowledge that the Singapore Medical Council reserves all rights 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

**SECTION B TO BE COMPLETED BY EMPLOYER / TRAINING INSTITUTION**

**Section B: Documents required from the Employer / Training Institution**  
**(\*Please tick relevant boxes and delete where applicable)**

**1. I confirm that the applicant has been offered:**

- An extension of his employment\*/ postgraduate training\* for \_\_\_\_\_ year(s) / month(s)\*
- Employment\*/ postgraduate training\* with our organisation as \_\_\_\_\_ (specify appointment or designation) for \_\_\_\_\_ (specify period in months or year).

**2. The following documents have been enclosed for SMC's review:**

- A testimonial from the Head of Department stating the reason(s) for extension.
- An Annex C signed by newly appointed supervisor.

Name of new Supervisor: \_\_\_\_\_

- I also wish to request for progression of the doctor to **Level 2** supervision because:
  - the temporary registrant has been practising in the same department (practice place) for the past 2 years. (Please attach letter of support from Head of Department.)
  - the conditional registrant has completed 1 year of supervised practice with consistently good performance. (Please attach letter of support from Head of Department.)

- Annex C is not required as there is no change of appointed supervisor.

Name of Supervisor: \_\_\_\_\_

- Form A, training programme details, sponsorship letter and letter of undertaking signed by the respective Head of Departments and supervisors (For training).

\_\_\_\_\_  
Name & Designation of Administrator

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Email Address