

FORM A

THE PROFESSIONS SUPPLEMENTARY TO MEDICINE ACT, 1965

APPLICATION FOR ADMISSION TO THE REGISTER OF:

MEDICAL LABORATORY TECHNOLOGISTS	[]
RADIOGRAPHERS	[]
PHYSIOTHERAPISTS	[]
OCCUPATIONAL THERAPISTS	[]
MEDICAL DIETITIANS/NUTRITIONISTS	[]
SPEECH THERAPISTS	[]
AUDIOLOGISTS	[]
DIETETIC ASSISTANTS	[]
NUTRITION ASSISTANTS	[]
PUBLIC HEALTH INSPECTORS	[]

NAME OF APPLICANT: _____
(IN BLOCK LETTERS) SURNAME CHRISTIAN & FORENAME(S)

STATE WHETHER { } Single { } Married { } Divorced { } Widowed

Married female applicants: Please state maiden name and furnish relevant documents

DATE AND PLACE OF BIRTH: _____

NATIONALITY: _____

CURRENT ADDRESS:
(This should be an address at which you are certain to Receive communication sent to you). _____

CONTACT NUMBER(S) _____

EMAIL: _____

PLACE & PRACTICE ADDRESS:
(Address of place or institution in which profession is practised) _____

QUALIFICATION(S): _____

SPECIAL AWARD(S): _____

FORWARDED HERewith ARE THE FOLLOWING:

1. CERTIFICATES (OR CERTIFIED COPIES THEREOF):

2. CHARACTER REFERENCES FROM TWO REFEREES – **ONE MUST BE FROM A PERSON IN GOOD STANDING IN THE APPLICANT’S PROFESSION – ORIGINALS**
3. ONE PASSPORT SIZE PHOTOGRAPH

PLEASE STATE:

1. ARE YOU FLUENT IN THE USE OF THE ENGLISH LANGUAGE? [] Yes [] No
2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? [] Yes [] No
(If “**YES**” give details)
3. HAVE YOU EVER BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT?
(If “**YES**” give details) [] Yes [] No

I DECLARE THAT THE FOREGOING PARTICULARS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT MADE A PREVIOUS APPLICATION AND I HAVE READ THE **COUNCIL’S GUIDELINE ON INFAMOUS CONDUCT**. I ENCLOSE THE FEE OF _____ DOLLARS AND I HEREBY APPLY FOR REGISTRATION IN THE REGISTER FOR _____ AND I PROMISE, IN THE EVENT OF MY BEING REGISTERED, AND IN THE CONSIDERATION THEREOF, TO BE BOUND BY AND TO CONFORM IN ALL RESPECTS TO THE REGULATIONS RELATING TO _____ FOR THE TIME BEING IN FORCE.

SIGNATURE OF APPLICANT

DATE

Return completed form to:

**The Registrar
Professions Supplementary to Medicine
9th Floor, Oceana Complex
2-4 King Street, Kingston,
JAMAICA, WEST INDIES**

FOR OFFICE USE ONLY
DOCUMENTS RECEIVED
REGISTRATION FEE (\$ _____) CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/>
REGISTRATION DATE
CERTIFICATE NO.
DATE COLLECTED/DISPACHED

VERIFIED	APPROVED	DEFERRED	REJECTED