SSGMC
SOUTH SUDAN
GENERAL MEDICAL
COUNCIL

FORM 18

REPUBLIC OF SOUTH SUDAN

SOUTH SUDAN GENERAL MEDICAL COUNCIL

APPLICATION FOR SPECIALIST REGISTRATION

(All fields are mandatory. Cancel where not applicable)

1. Surname.....Other Names.....Reg.No.....

2. Date of Birth.....Nationality.....

3. Address.....Code.....Town.....

   County.....Tel No.....Mobile No.....

   Email.....

4. Employer.....

5. Degree, Diploma or License held (give name of medical school and date qualified.....

   .....

6. Specialty/Sub-Specialty applied for.....

   .....

7. Postgraduate qualifications: medical/dental /Pharmacy School.....
   Date qualified.....

8. Number of years of experience in specialty/sub-specialty after obtaining postgraduate qualifications (indicate the number years or months, name of institution(s) attended and name of two supervisors whose address must accompany this application) Number of years of experience in specialty/sub-specialty after obtaining postgraduate qualifications (indicate the number years or months, name of institution(s) attended and name of two supervisors whose address must accompany this application)

9. No. of Years/Months.....Name of Institution.....

   Country.....

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Supervisors

10. Name.....P.O Box.....Code.....
    Town.....Country.....
    Email:.....

11. Name.....P.O Box.....Code.....
    Town.....Country.....
    Email:.....

Requirements

1. Copy of post graduate qualification and other official transcripts.
2. Evidence of completion of a minimum of 2- year rotation in a recognized training institution for specialist recognition (as evidenced by a specialist postgraduate certification, MMeds, Fellowships, Board Certifications and Clinical MDs by post-graduate boards.

   At least One year (12 months) of a clinical rotation after 2 years post-basic specialist training period in a recognized institution for sub-specialist recognition as evidenced by certifications of trainers of the subspecialty applied for.

3. Supportive recommendations from two (2) referees in the relevant field.
4. Specialty and sub specialty must be in the approved fields.
5. Application fee

All payments should be made to : The GMC (SS) official bank account

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

Signature.....Date.....

FOR OFFICIAL USE:
This process takes a maximum of two(2) weeks.

PREPARED BY:
Name:.....Designation.....
Signature.....Date.....

CHECKED BY:
Name:.....Designation.....
Signature.....Date.....

APPROVED/NOT APPROVED
Specialty/Sub-Specialty

Name.....
Designation.....
Signature.....
Date.....