



# The Medical Council of Tasmania

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## APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER

### *Medical Practitioners Registration Act 1996*

Full name of medical practitioner: .....

**To be considered for registration, an applicant must:**

- (a) Complete the official application form and questionnaire on pages 2 and 3 in full.
- (b) Submit diploma/s as proof of holding the qualifications detailed in the application. The original documents should be provided if possible; photocopies are acceptable only if certified to be true copies by a person authorised to witness documents.
- (c) Submit evidence of having passed the MCQ component of the AMC examination where appropriate.
- (d) Submit evidence of having Advance Standing with the AMC where appropriate.
- (e) Submit evidence of internship training where appropriate.
- (f) Submit an original Certificate of Registration Status or Certificate of Good Standing from his/her current registering authority, issued within the last three months.
- (g) Give evidence of identity.
- (h) Submit two professional references dated within the last three months.
- (i) Submit evidence of adequate command of English (as per the criteria defined on the National English Language Proficiency Requirement for IMGs).
- (i) Submit the prescribed registration fee.

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### Payment

Application for registration \$ .....

Annual registration fee \$ \_\_\_\_\_

Total \$

- Cheque / Money Order (made payable to THE MEDICAL COUNCIL OF TASMANIA) or
- Please charge my:  VISA /  MASTERCARD

Credit card No: .....Expiry Date: .....

Name on card: .....

Signature : .....

I, .....

(given names)

(surname)

of .....

..... Postcode .....

(address for correspondence)

apply to the Medical Council of Tasmania for registration as a medical practitioner pursuant to the provisions of the Medical Practitioners Registration Act 1996 and provide the information required hereunder:

1. Date of birth ..... 2. Sex ..... 3. Country of birth .....

4. Professional address .....

..... Postcode .....

Personal daytime phone No. ....

5. Give the names, addresses and current phone numbers of two reputable persons to whom reference can be made as to your character (Note: Cannot be a relative).

(1) .....

.....

(2) .....

.....

6. State your medical qualifications :

Degree or qualification	University or College	Year awarded

7. Have you previously been registered in Tasmania? Yes  No  (Please tick a box)

If Yes:

7(a) state the year when last registered.....

7(b) and your Tasmanian registration number .....

8. Are you currently registered anywhere else in Australia? Yes  No  (please tick a box)

If Yes:

8(a) state/territory ..... 8(b) from ...../...../..... to ...../...../.....  
...../...../.....

9. Have you ever been refused registration as a medical practitioner? .....

10. Has your name ever been erased or removed temporarily from a Register of Medical Practitioners other than for non-payment of fees? .....

11. Has your right to practise medicine ever been subject to limitations or conditions imposed by any competent authority? .....

12. Are you the subject of disciplinary proceedings or of investigations which might lead to disciplinary proceedings before any medical registering authority? .....

13. Have you ever been charged with a criminal offence or is any criminal charge pending against you? .....

14. Does your state of health pose a significant risk to a patient or other person whilst engaged in medical practice? .....

**Authorisation and Statutory Declaration**

I hereby authorise the Medical Council of Tasmania to make enquiries of, and exchange information with, any medical registering authority or any other organisation or person concerning my registration, practice of medicine or other related matters.

I do solemnly and sincerely declare that the above statements are true and correct in every particular; that I am the person named in the aforesaid degree/diploma/qualification and/or documents or letters submitted herewith and that I make this solemn declaration conscientiously believing the same to be true. I make this solemn declaration under the Oaths Act 2001.

Declared at ..... (place)

On ..... (date)

.....  
(Signature of applicant)

Before me, .....  
(Justice, Commissioner for Declarations or authorised person).

**FOR OFFICE USE ONLY**

**INTERIM REGISTRATION**

**To the President and Members of the Medical Council of Tasmania**

Pursuant to Section 25 of the Medical Practitioners Registration Act 1996 I have considered the foregoing application for registration, and

- am satisfied that the applicant meets the requirements of s.24.
- have inspected the diplomas, or attested copies, cited above.
- have seen evidence of the applicant’s identity in the form of:

.....

- have been provided with a Certificate of Registration Status / Certificate of Good Standing in respect of the applicant issued by:

.....on ..... (date)

and have granted him/her Interim Section..... Registration from .....to .....

subject to the following conditions: .....

.....

.....

Name of Supervisor .....

Council’s confirmation of this registration is recommended.

Registrar: ..... Date: .....

Resident Status: ..... Visa Expires: .....

MCQ Yes / No

CAM Yes / No

Section number	Registration number
Fees R/N date	Restoration <input type="checkbox"/> Yes <input type="checkbox"/> No