

Belize Medical Council

Belize City, Belize CA.
c/o P.O. Box 1872

REGISTRATION APPLICATION FORM

Personal Data:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

LANGUAGE SPOKEN BY APPLICANT: (FIRST) _____ (OTHER) _____

Qualificatica:

MEDICAL DEGREE: _____

COUNTRY WHERE DEGREE WAS OBTAINED: _____ DATE: _____

UNIVERSITY AWARDING DEGREE: _____ DATE: _____

ADDITIONAL MEDICAL QUALIFICATIONS WITH PARTICULARS AS FOR DEGREE:

REASONS FOR REQUESTING REGISTRATION IN BELIZE:

NAME AND ADDRESS OF TWO REFERENCES: (ONE MUST BE OF THE LAST EMPLOYER)

1. NAME: _____

ADDRESS: _____

2. NAME: _____

ADDRESS: _____

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SPECIMEN SIGNATURE: _____ **DATE:** _____

List of documents to be submitted for Full Registration

1. Curriculum Vitae
2. Authenticated original degree, diploma or certificate. It must be authenticated with the seal and signature of (i) Dean of the university, (ii) Ministry of Education of Belize, (iii) Ministry of Foreign Affairs of Belize, and (iv) the Belize Embassy or British High Commissioner. Or the apostile where applicable.
3. Letter of Good Standing from the Medical Council (or equivalent) of last country where working.
4. Current License to practice.
5. Notorized translation to English language if documents are in any other language.
6. Proof of Belizean Citizenship (birth certificate, passport).
7. Two notorized recent passport size photographs.
8. Police Record from place of residence.
9. Show TOEFL if 1st Language is not English.

List of documents to be submitted for Temporary Registration

1. All of the above requirements except #6
2. Copy of the newspaper clippings advertising the said post must accompany the application form.

NB. An appointment to meet the Medical Council will be scheduled after application is processed and accepted.
