



BMB REGISTRATION NO.

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How to complete this application form

- Read and **complete all questions**
- Ensure that **all pages** and required **attachments** are submitted to Brunei Medical Board
- Use a **blue** pen only
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:

Privacy and Confidentiality

- The Brunei Medical Board and BMO are committed to protecting personal information as private and confidential.

SECTION A: Personal details

Title:
MR MRS MISS MS DR Other:

Full name:

Date and Country of Birth: - - Age: year Sex: Male Female

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow Purple Green

Marital Status: Single Married Divorced Widow Race: Religion:

SECTION B: Contact information

What is your current contact details?

Provide current contact details below and place an next to your preferred contact phone number

Office/Business hours Mobile

After hours

Email

What is your current residential address?



Residential address **cannot** be a PO Box.

<input type="text"/>
<input type="text"/>
<input type="text"/>

Post Code

What is your current mailing address?

Your mailing address is used for postal correspondence

-  My residential address
-  Other (*provide your mailing address below*)

What is your principal place of practice?

The address at which you predominantly practice the profession and it **cannot** be a PO Box.

Post Code

Telephone

Facsimile

Type of practice: Government Private

Date of Commencement: - -

Department (if Government):

Unit (if applicable) :

Other places of practice (if any)

Address	Post code	Contact & Fax number	Type of practice

Your position: <input style="width: 100%; height: 40px;" type="text"/>	Type of Appointment: <input type="checkbox"/> Permanent <input type="checkbox"/> Locum <input type="checkbox"/> Contract <input type="checkbox"/> Daily Paid <input type="checkbox"/> Month to Month
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SECTION C: Declaration and Signature

I hereby declare that the above information is true and complete. I recognize that it is my responsibility to provide any necessary documentation to support my application and I authorize the Brunei Medical Board to obtain further relevant documentation. I acknowledge that the Brunei Medical Board reserves the right to change or reverse any decision regarding registration on the basis of incorrect or incomplete information. I hereby also authorize the Brunei Medical Board and BMO to release any information and/or relevant documentation for the purposes of the Medical and Dental Practitioners Act or any relevant legislation herewith.

Signature of applicant:

Date:
 - -

SECTION D: Checklist

No.	Additional documents	Attached
1	One (1) colour passport photo (with name written at the back)	<input type="checkbox"/>
2	Copy of Certificate of any recent postgraduate qualifications or trainings (if applicable)	<input type="checkbox"/>
3	Evidence of at least 30 CME points plus supporting documents	<input type="checkbox"/>
4	Valid Medical fitness certification from Occupational Health Section, Ministry of Health Validity date: _____	<input type="checkbox"/>
5	Additional for private sector:	
5.1	List of services/procedures	<input type="checkbox"/>
Payment		
1	Registration Fee	<input type="checkbox"/>
2	Administrative Fee	<input type="checkbox"/>

Type of Application for Annual Practicing Certificate

New Renewal

Please hand in this form with required documentations and payment (if applicable) to:

BRUNEI MEDICAL BOARD
Unit 2G4:02, 4th Floor
Block 2G
Ong Sum Ping Condominium
Brunei Darussalam
BA 1311

Email : bmb.brunei@moh.gov.bn

Tel : +673 2237313

Fax : +673 2237319

