



BRUNEI MEDICAL BOARD
 2nd Floor, Ministry of Health
 Commonwealth Drive BS3910
 Brunei Darussalam
 Tel: 2384182
 Email: bmb.brunei@moh.gov.bn

BMB 6

BMB REGISTRATION NO.: _____

APPLICATION FOR RENEWAL OF ANNUAL PRACTISING CERTIFICATE/LICENCE

Name:			
IC No:		Colour: Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/>	
Date of Birth:		Nationality:	
Postal Address:			
Place of Practice			
<input type="checkbox"/> Department of Medical Services, Ministry of Health <input type="checkbox"/> Department of Health Services, Ministry of Health <input type="checkbox"/> Other (list all, use separate sheet if required)			
Department (if applicable):		Unit (if applicable):	
Basic Degree:		University:	Year:
Mobile:		Work telephone:	
Email:			
Position :		Type of Appointment : <input type="checkbox"/> Permanent <input type="checkbox"/> Contract <input type="checkbox"/> Month to Month <input type="checkbox"/> Locum <input type="checkbox"/> Daily Paid	

Signature: _____

Date: _____

Supporting documents:

- 2 passport photographs
- Evidence of at least 30 CME points + supporting documents
- Medical fitness certification from Occupational Health Section, Ministry of Health
- \$50 fee if not exempted
- Additional for private sector:
 - o Photocopies of all pages of passport
 - o List of dates of absence from Brunei Darussalam since 1 December last year
 - o List of services / procedures