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APPLICATION FOR RENEWAL OF ANNUAL PRACTISING CERTIFICATE/LICENCE

A. PERSONAL DETAILS

Name as it appears on IC (in BLOCK LETTERS):	
Name to appear on certificate if different from above (in BLOCK LETTERS):	
Residential Address:	Postal Address (if different from Residential Address) :
IC No:	Nationality:
Mobile No:	Work Telephone No:
Primary Email Address:	Secondary Email Address/es:

B. CURRENT POSITION

Current Post:	Type of Appointment:	<input type="checkbox"/> Month to Month <input type="checkbox"/> Locum <input type="checkbox"/> Daily Paid
	<input type="checkbox"/> Permanent <input type="checkbox"/> Contract	

C. BASIC QUALIFICATION

Qualification	Awarding Body:	Year Awarded
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D. PLACE OF WORK (Please state complete address of practice)

Primary Place of Work: <ul style="list-style-type: none"> <input type="checkbox"/> RIPAS HOSPITAL, BSB <input type="checkbox"/> SURI SERI BEGAWAN HOSPITAL, KUALA BELAIT <input type="checkbox"/> PMMPMHAMB HOSPITAL, TUTONG <input type="checkbox"/> PIHM HOSPITAL, TEMBURONG <input type="checkbox"/> MOH HEALTH CENTRE / CLINIC (Please state) <input type="checkbox"/> PRIVATE CLINIC (Please state) <input type="checkbox"/> JPMC <input type="checkbox"/> GJPMC <input type="checkbox"/> PANAGA HEALTH CENTRE 	Department:	Unit:
Secondary Place of Work (If Applicable)		

E. MEDICAL FITNESS (please provide medical fitness certificate if not already given to BMB)

Valid Till :

F. DECLARATION

I hereby declare that: <ul style="list-style-type: none"> • The information I have supplied on this form and any attachments is complete, correct and up to date. • No disciplinary action has been taken against me in relation to my conduct of fitness to practice

Signed: _____

Date: _____

<u>Supporting documents:</u> <ul style="list-style-type: none"> <input type="checkbox"/> 2 passport photographs <input type="checkbox"/> Copy of IC <input type="checkbox"/> Evidence of at least 30 CME points + supporting documents <input type="checkbox"/> Valid Medical fitness certification from Occupational Health Section, Ministry of Health 	<ul style="list-style-type: none"> <input type="checkbox"/> \$50 fee if not exempted <input type="checkbox"/> Additional for private sector: <ul style="list-style-type: none"> ○ Photocopies of all pages of passport ○ List of dates of absence from Brunei Darussalam since 1 December last year ○ List of services / procedures
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