

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 Solo Private Group
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: Type of Appointment:
 Permanent Locum
 Contract Daily Paid
 Month to Month

What is your current mailing address?

Your mailing address is used for postal correspondence

My residential address My principal place of practice
 Other (*provide your mailing address below*)

Post Code

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	Evidence of at least 30 CME points plus supporting documents	<input type="checkbox"/>
3	Valid Medical fitness certification from Occupational Health Section, Ministry of Health Validity date: _____	<input type="checkbox"/>
4	Additional for private sector:	<input type="checkbox"/>
4.1	Photocopies of all pages of passport	<input type="checkbox"/>
4.2	List of dates of absence from Brunei Darussalam since 1 December last year	<input type="checkbox"/>
4.3	List of services/procedures	<input type="checkbox"/>
Payment		
i	Registration Fee of B\$50.00 (cash) <i>(Waived for those working under the government who submits application prior to 1st December)</i>	<input type="checkbox"/>

Please hand in this form with payment and required attachments and documentations to:

**Secretariat
BOARDS MANAGEMENT OFFICE
2nd Floor, Ministry of Health
Commonwealth Drive
Brunei Darussalam**

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