



# MEDICAL BOARD OF WESTERN AUSTRALIA

ABN: 25 271 541 367

## APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION(S)

I,		
	(Full name in block letters - underline Surname)	
	Registration Number	
of		
do declare as follows:-		
<ol style="list-style-type: none"> <li>1. I claim to be registered under the <i>Medical Practitioners Act 2008</i></li> <li>2. I attach a <b>certified</b><sup>†</sup> copy of my additional degrees and/or diplomas which I request be registered, and expressly declare that I am the person to whom such degrees and/or diplomas were granted and the person therein referred to.</li> <li>3. I am still entitled to practice under the qualification by virtue of which I apply to be registered in the place where the same was granted.</li> <li>4. I attach the fee of \$30.00</li> </ol>		
		_____
		<i>Signature of Applicant</i>
this _____ day of _____ 20_____		_____
		<i>Signature of Witness</i>

In support of the above declaration I submit the following **ORIGINAL/CERTIFIED<sup>†</sup> COPY(IES)** of degrees and/or diplomas:-

DEGREE / DIPLOMA	UNIVERSITY / COLLEGE	YEAR

### Certified Documents<sup>†</sup>

Documents can only be accepted if certified by a person described in section 12 (6) (a) – (c) of the *Oaths, Affidavits and Statutory Declarations Act 2005* or an authorised representative of the Registrar of the Medical Board of Western Australia. For further information, please refer to the Board's website – Registration Information.

PAYMENT BY CREDIT CARD (VISA OR MASTERCARD)			
Name on Card			
Card number	- - -		
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Expiry /
Signature of Cardholder:			