



MEDICAL BOARD OF WESTERN AUSTRALIA

ABN: 25 271 541 367

APPLICATION FOR A CERTIFICATE OF REGISTRATION STATUS

In accordance with the national policy on the "Issuance of Certificate of Registration Status" a Certificate of Registration Status will only be issued directly to a recognised Registering Authority or Institution.

Details of Board policies are available on the Board's website www.wa.medicalboard.com.au

DETAILS OF DOCTOR REQUESTING CERTIFICATE

Name _____

Registration Number _____

CERTIFICATE IS TO BE FORWARDED TO THE FOLLOWING REGISTERING AUTHORITY OR INSTITUTION:

Registering Authority _____

or Institution _____

Address _____

Facsimile No _____

Signature of applicant _____

- I attach payment of \$50.00 (cheque or money order, credit card, *see below*) for the Certificate of Registration Status to be made payable to "Medical Board of Western Australia"

YES

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