ANGUILLA

MEDICAL REGISTRY

**(A.D. 2014)**

### Application No…………… of …………

**IN THE MATTER OF SECTION 11 OF THE MEDICAL ACT CH.M65 REVISED STATUTES OF ANGUILLA**

**and**

**IN THE MATTER OF THE REGISTRATION OF …………………………………**

**AS A ……………………………………….. OF THE ANGUILLA MEDICAL**

**REGISTRATION DISTRICT.**

## OATH OF APPLICANT IN SUPPORT OF APPLICATION

I, …………………………………………………….. of …………………………………

………………………………………………………………………………………………

MAKE OATH AND SAY AS FOLLOWS:

1. I am eligible and am the person applying to be registered as a……………………………… under the Medical Act. I am a fit and proper person to be so registered.
2. I desire to practise in the Anguilla Medical Registration District.
3. I was born on the …………………………………… and am a citizen of ……………………… as is shown in a notarised photocopy of pages …… and …… of my passport No. ……………. now produced and shown to me and marked “………1”
4. That I am a graduate of ………………………………………………… (college/university/medical school) where I obtained a degree/certificate/ license/diploma/fellowship/ practicing certificate ….…………………………. on ……………………………………….………. A notarised copy of which degree/diploma/fellowship/certificate is attached hereto and marked “………2”.
5. I am also a graduate of ………………………………………………………… college/university/medical school where I obtained ………………………….. …………………………………………………………………………………. …………………………………………………………………………………. ………………………………………………………………” ………. 3 & 4”.
6. I am member of the following medical professional bodies: …………………. …………………………………………………………………………………. ………………………………………………………………………………….

1. That I successfully completed a ………- year internship at …………………... …………………………………………………………………………………..and was awarded a certificate/diploma/etc, a certified and notarised copy of which is now shown and produced to me and exhibited as “………..5”
2. I was registered as a……………………………………………………………. in the (……………………. Medical Register, on …………………………… a certified copy of which is exhibited as “………..6”.
3. I attach my Certificate of Good Standing and my Certificate of Competence *and Police Certificate*, which are now produced to me and exhibited as “………. 7,8 & 9”.
4. I depose that I have no pending proceedings related to medical malpractice or hospital privileges.
5. I depose that I do not engage in substance abuse.
6. I depose that I have never been convicted of any crime

I make this declaration solemnly and sincerely within the contents of my personal knowledge and verily declare the same to be true.

SWORN by the within-named)

……………………………….)

on the day of 20 ) ………………………………………….

*(Signature of Applicant)*

Before me:

………………………………………

(Name of Notary Public)

Notary Public