

MEDICAL AND DENTAL COUNCIL

OF

NIGERIA



FORM B -1

FORM FOR APPLICATION

FOR

**FULL REGISTRATION
AS A PRACTITIONER OF
ALTERNATIVE MEDICINE**

MEDICAL & DENTAL COUNCIL OF NIGERIA

8th Floor, Federal Secretariat, Phase 1, Ikoyi,
P. M. B. 12611, Lagos.



FORM B -1

APPLICATION FOR FULL REGISTRATION AS A PRACTITIONER OF ALTERNATIVE MEDICINE.

(All items of information required must be fully entered)

Passport Photograph
(Staple).

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(Staple).

PROVISIONAL REGISTRATION NO.:.....

FOLIO NO: MDCN/ALT/R/

I hereby apply for **FULL REGISTRATION** as a Medical/Dental Practitioner in accordance with the following particulars:

1. Full Names of Applicant (No abbreviations please):

(a) SURNAME: _____

(b) OTHER NAMES : _____

(c) PREVIOUS NAMES (if any): _____

2. (a) Sex: _____ (b) Marital Status: _____

3. (a) Date of Birth: _____ (b) Place of Birth: _____

4. Nationality Data

(a) Home Town: _____

(b) Local Government Area: _____

(c) State of Origin _____

5. **Full Residential Address in state of origin:** _____

6. **Full Business Address:** _____

7. **Postal/Contact Address (if different from 5 & 6)** _____

8. Educational Data:

(a) SCHOOLS ATTENDED (Give full name and address)

Name of Institution	Dates attended	
	From	To
Primary: _____		
Secondary: _____		
Tertiary: _____		

(b) PROFESSIONAL / ACADEMIC QUALIFICATIONS OBTAINED, WITH DATES:

Qualification	Date	Licensing Body

9. Past Professional Experience, including details

Full Name of Hospital	Address	Period of Employment	
		From	To

10. Present Appointment:

Hospital or Institution	Address	Position Held	Date of Appointment

11. Have you ever faced the Medical & Dental Practitioners' Disciplinary Tribunal in Nigeria
Or any other country? If 'yes', give full details (*use additional paper if necessary*)

Yes

No

Details: _____

12. Give the Names of Three (3) Referees (not relatives) one of whom must be a recognized senior practitioner of your profession

Name of Referee	Full Address	Occupation & Status
1.		
2.		
3.		

SUPPORTING DOCUMENTS

Attached/enclosed are relevant evidence of all my academic and professional qualifications, my birth certificate the certified cheque for the registration fee and two recent passport photographs of me, the applicant.

Signature of Applicant

Date

Note: Payment of the registration fee must be by BANK CERTIFIED CHEQUES payable to “MEDICAL & DENTAL COUNCIL OF NIGERIA”. And completed application forms should be returned to the REGISTRAR, MEDICAL & DENTAL COUNCIL OF NIGERIA at any of the following offices:

8th Floor, Federal Secretariat
Phase 1 Ikoyi,
P. M .B. 12611
Lagos.

25, Ahmed Onibudo Street,
Victoria Island,
P. M. B. 1 2611
Lagos.

2 Ogufere Steeet,
Off Okpara Avenue,
P. M. B. 01431,
Enugu.

6 North Road
(Red Cross Compound),
Via Abakpa N.E.P.A.
Sub-Station
P. M. B. 2275, Kaduna.

All practitioners wishing to become registered as practitioners of Alternative Medicine in Nigeria MUST give satisfactory evidence of having received appropriate training in a recognised Alternative Medicine Training Institution.

All practitioners seeking registration from Council must also pay their annual licensing fees.

NOTEWELL: Payment of fees BY CASH to or through ANY STAFF of Council is a punishable contravention of Council regulations. You must not do so under any circumstance