



12. Qualifications with dates  
(a) Basic: \_\_\_\_\_

(b) Additional: \_\_\_\_\_

13. Institutions where Qualifications were obtained:  
(a) Basic \_\_\_\_\_

(b) Additional: \_\_\_\_\_

14. Registration Number and Date of Registration:

PROVISIONAL REG. NO.: PM/PD DATE: .....

FULL REG. NO.: EM/ED DATE: .....

ADDITIONAL REG. NO.: AQ DATE: .....

TEMPORARY REG. NO.: TM.TD DATE: .....

15. Date of expiration of current Registration (for Doctors with Provisional or Temporary Registration): \_\_\_\_\_

16. Date of expiration of current Licence: \_\_\_\_\_

17. Speciality: \_\_\_\_\_

18. Present appointment (indicating date of commencement and present status or position and the institution): \_\_\_\_\_  
\_\_\_\_\_

19. Nature of place of Employment:

Public Institution/Hospital

Mission

Private Establishment (Hospital, Company)

Other

**AMOUNT ENCLOSED**

**₦ : k**

**Cheque No.** \_\_\_\_\_

\_\_\_\_\_  
Signature of Doctor

\_\_\_\_\_  
Date of Application

## IMPORTANT NOTES

1. ALL DOCTORS are required to pay N750.00 to obtain a copy of the CODE OF MEDICAL ETHICS IN NIGERIA. (Formerly Rules of Professional Conduct for Medical and Dental Practitioners in Nigeria).
2. All Doctors are expected to collect their licences from the office of Council or State Monitoring Committee office where payment was made or from the Body or Association which made the payments on their behalf. However, doctors who wish to have the certificates mailed directly to them are to add N100.00 to the fees indicated in note (3) below

### 3. CURRENT SCHEDULE OF FEES

HOUSE OFFICERS	N3000.00
DOCTORS OF LESS THAN 10 YEARS POST-QUALIFICATION	N3000.00
DOCTORS OF 10 YEARS AND MORE THAN 10 YEARS POST - QUALIFICATION	N5000.00
DOCTORS ON LIMITED REGISTRATION (TEMPORARY REGISTER)	N10,000.00
DOCTORS AGED OVER 70 YEARS	Nil

### 4. METHOD OF PAYMENT

- (a) All payments are to be made by CERTIFIED CHEQUES made payable to MEDICAL AND DENTAL COUNCIL OF NIGERIA. PAYMENTS IN CASH ARE PROHIBITED, EXCEPT WHEN EXPRESSLY AUTHORISED BY THE REGISTRY.

Under no circumstance should you pay cash to any staff of the council as this is a contravention of Financial Regulation for which you may be subjected to Disciplinary proceedings.

- (b) Cheques are to obtained only from UNION BANK OF NIGERIA PLC 9UBN), FIRST BANK OF NIGERIA PLC (FBN), UNITED BANK OF AFRICAN PLC (UBA), or AFRIBANK PLC.
- (c) Cheques should be sent along with completed application form to the Registrar, Medical and Dental Council of Nigeria at any of the offices of the Council at Abuja, Enugu, Kaduna or Lagos or to the State Minitoring Committee Office.
- (d) YOU ARE TO NOTE WELL that any cash payment made to any staff in contravention of this guideline, could be embezzled and the Counsel would nevertheless require you to pay any fees still outstanding against you in the records.

You should also advise any relations of your who may come for any matter on your behalf to be aware of this.

### 5. PENALTY FOR LATE PAYMENT

Failure to pay the practising fee for ANY YEAR before **31st DECEMBER OF THE PRECEEDING YEAR** will attract a minimum penalty of double the Annual Fee, apart from the likelihood of the defaulter being prosecuted. Persons who have defaulted for three or more years, shall pay additional penalty for default. To facilitate the issuance of the praticising license before the 1st of January, doctors are advised to pay their fees as early in the year as possible, notwithstanding the 31st December deadline.

## 6. RESPONSIBILITY FOR PRACTISING FEES

Doctors are to note that it is personal responsibility of a Doctor to ensure that his practising fee is paid. No institution can be held responsible when this is not done.

## 7. PRACTITIONERS ON TEMPORARY (LIMITED) REGISTER

Practitioners with Temporary Registration should know that they are required to renew their registration when it lapses, as payment of the practising fee to obtain a licence is not synonymous with renewal of registration.

## 8. ASSIST US TO SERVE YOU BETTER

In all your correspondences with the Council endeavour to include:

1. Your Full Registration Number
2. Your Folio Number
3. Your Full Current Address
4. Your Full Names, Surnames underlined
5. Your Maiden Name if you are married.

Or your previous name if your name has changed for any reason.

These parameters will ensure a faster processing of your need and assist the Council to serve you better.

## 9. NEED TO COMPLY WITH GUIDELINES

**Endeavour to comply** with regulations for your own good and the good of the profession

**Remember:** Demand of gratification from you by ANY STAFF of the Council for any service rendered or to be rendered, is illegal and a punishable offence. Report any such instances directly and with specific details to the Registrar.

**Registrar**  
*MDCN.*