

FORM LMDPC/APP/LGS/2

CONFIDENTIAL

LESOTHO MEDICAL, DENTAL AND PHARMACY COUNCIL
P.O.BOX 726
MASERU 100
TEL/FAX :(00266) 22322450
E- mail: council@ecoweb.co.ls

APPLICATION FOR LETTER OF GOOD STANDING

PART A
(To be completed by Applicant)

SURNAME:

OTHER NAMES:

PROFESSION:

DATE OF FULL REGISTRATION:

REGISTRATION NUMBER:

WORK ADDRESS:

REASON FOR LGS:.....

POSTAL ADDRESS (WHERE LGS :
IS SEND TO).....
.....
.....

I declare that I have been fully registered by the Lesotho Medical, Dental and Pharmacy Council for a period of more than one year and that there is no legal or disciplinary action in progress or pending against me.

Date:

Signature:

(PART B)

(To be completed by the Superintendent or Director of Health Services or Head of Institution where the applicant is currently based)

SURNAME:

OTHER NAMES:

PROFESSION:

I declare that I have known the applicant for a period of year (s) and I recommend /do not recommend that he/she be given a Certificate of Goodstanding.

Date:.....

Signature:.....

- NOTES:**
1. Practitioners with cases in progress or pending with the Disciplinary Committee of the Lesotho Medical, Dental and Pharmacy Council are not entitled to receive a Certificate of Good Standing.
 2. Practitioners in annual fees arrears or with bad annual fees payment records will not be issued with a Certificate of Good Standing.
 3. Practitioners needing Certificates of Good Standing for the purposes of gaining admission to training institutions of registration with other registration bodies should furnish necessary supporting documents in connection therewith, or names of persons in charge and addresses of such universities, training institutions or registration bodies in lieu thereof.
 4. This application must be accompanied by a fee of R1100 for local and R1650 for non-local.

STAMP