

*Attach one of the
two passport size
photographs here.*

**LESOTHO MEDICAL, DENTAL AND PHARMACY COUNCIL
APPLICATION FOR REGISTRATION**

Before you complete the application form, please read part 15 of the application form

1. Surname.....
 2. First and Middle name(s)
 3. Postal Address in full (in Lesotho)
 4. Maiden Name(s).....
.....
Phone (h)
 (w)
Fax:
E-mail:
 5. Date and Place of Birth
 6. Institution of Graduation:.....
Attended from..... To.....
Degree Date.....
Address:.....
.....
Telephone Number.....Fax Number.....
 7. Postgraduate Education:
 - Attended from.....To.....
Name of Institution.....
Address/post office box.....
.....
Telephone Number:.....Fax Number:.....
E-mail Address:.....
- Specialty:.....

8. Name of Recent Registration Jurisdiction.....
Registration Number:.....
P.O. Address.....
.....
Telephone Number:.....Fax Number:.....
E-mail Address.....
Registration Date:.....License Expiration Date:.....
Registration status
Active..... Inactive..... Suspended..... Revoked.....

9. Intended employer (In Lesotho)
address:
Telephone :Fax Number:.....

10. Details of internship:
Institution
Duration: FromTo.....

11. Other professional experience
.....
.....

12. Intended position (e.g. locum for Dr X, civil servant, private practitioner,
volunteer, missionary)
.....

13. Duration of employment (i.e. Permanent/Temporary/on contract?)
Permanent
Temporary.....months/years
On contract.....months/years

14. Names and full addresses of two recent referees who are relevant to your
profession
(a) Name:.....

(b) Address.....
.....

Telephone Number:.....Fax Number:.....
 E-mail address:.....

(b) Name:.....

Address:.....

.....
 Telephone Number:.....Fax Number:.....
 E-mail address:.....

15. Documents to be included:

- a. **Original and Certified Copy of Degree/diploma/certificate**
- b. **Original and Certified school transcript**
- c. **Original Letter/Certificate of Good standing from recent Registration Jurisdiction.**
 (not more than six months old)
Original and Certified copy of Full Registration
Original and Certified copy of Annual Practising License
- d. **Original and certified copies of Postgraduate certificates**
- e. **Two Passports size Photographs, signed at the back.**
- f. **Letter of offer of employment and a letter addressed to LMDPC**
- g. **Documentation Evidence of internship and work experience**
- h. **Certified copy of passport (identifying pages)**
- i. **Application fee of : (Prices are subject to change)**

LOCAL	AMOUNT	NON-LOCAL	AMOUNT
MEDICAL PRACTITIONERS	1650	MEDICAL PRACTITIONERS	2200
SPECIALIST	2200	SPECIALIST	2750
DENTISTS	1650	DENTISTS	2200
PHARMACISTS	1650	PHARMACISTS	2200
ALLIED HEALTH PROFESSIONALS	1100	ALLIED HEALTH PROFESSIONALS	1650
PARAMEDICS	1100	PARAMEDICS	1650
INTERN CERTIFICATE	1000	INTERN CERTIFICATE	1650

RECOMMENDATIONS

1. Always work towards developing utmost attitude and behaviour that are suitable for a Health professional. These qualities are appropriate to responsibilities to patients, colleagues and society in general.
2. Always develop your knowledge, skills and attributes so that you are competitive and up to date to changing and new Health developments.
3. Always avoid abusing your position as a Health Professional

Patients must be able to trust Health Professionals with their lives and well-being and it is your duty to show respect for Human life, therefore *“always make the care of your patient your first concern.”*

DECLARATION OF IDENTITY

I, the undersigned, hereby certify under oath that I am the person named in this application, that all the information I gave in this application are true and that all documents and copies I included in my application are true and correct.

I authorise every person, medical school, university, educational institution, health institution with control and custody of any documents, records and other information on me to furnish the Lesotho Medical Dental and Pharmacy Council.

Passport Number

Full Name (Printed).....

Date.....

Signature.....

THIS IS TO BE FILLED BY THE COMMISSIONER OF OATHS

I hereby certify that the above-signed person did appear before me personally and that I compared him physically with the photograph as well as the passport presented and that the signature on this application form is the same as the one on the passport.

Sworn before me on this day.....in the Month of..... in the year.....

.....
Justice of the peace or Commissioner of oaths

STAMP