

Solomon Islands Medical Dental Board

Building, promoting; professional quality and safe medical/dental practice.

Photo

Email: SIMEDENTBOARD@gmail.com

Application for Provisional Registration

As a Medical & Dental Practitioner under Section 7 & 8 of Medical & Dental Practitioners Act 1988.

This application will not be considered unless it is complete and all supporting documentation has been provided.

All supporting documentation must:

- Be certified
 - Be in English.
- If or original documents are not in English, you must provide a certified copy of the original document.

COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes

SECTION A: PERSONAL DETAILS AND IDENTIFICATION

1. What is your name?

Mr Mrs Miss Ms Dr Other

Family (legal) name

First given name

Middle given name(s)

Previous names and other known

By Preferred name

Sex: M F Marital Status:

2. What are your birth details?

Date of Birth.....

Country of birth:

Place/City of birth:

Languages spoken other than English (optional)

3. What is your residential address?

4. Is your residential address the same as your principal place of practice?

Yes No

Provide your principal place of practice address below

5. Where do you want postal correspondence delivered to?

Residential address

Principal place of practical

Other (Provide your postal correspondence address below)

6. Your contact details

During business hours

Mobile

After hours

a. Next of Kin:

Relationship

b. Address of next of Kin

7. Documents to proof your identity:
Certified copies of Original valid

Valid Document	Country of issue	Date of issue	Expiry date
Passport			
Drivers License			
Overseas passport with Solomon Islands Visa			
Other			

Attach 2 certified most recent color passport size photographs.

8. Registration

In accordance with section 7 & 8 of the MDP Act 1988, to be eligible for General Registration you must be qualified for general registration in the health profession. To be qualified you must either:

- Hold an approved qualification for the health profession; or
- Hold a qualification that the Board considers to be substantially equivalent, or based on similar competencies, to an approved qualification.

Category(s) of Registration Sought

Internship	General	Specialist as a	Conditional	Vocational in field	Non-practicing

Temporary registration:

From Until

(Relevant to specific projects less than 3 months)

Reason for seeking Registration:

Employer	Sponsoring Agency	Place of Practice	Detail of project	Annual Renewal	Other

Section B: Qualification for the profession

9. What are the details of your Primary Qualification and examinations/assessments?

Title of qualification	<input type="text"/>
Name of institution (University/College/Examining Body)	<input type="text"/>
Country	<input type="text"/>

Completion date

Length of program

Language of instruction of course

10. Qualification for the profession

Provide details below

You MUST attach a certified copy of ALL your academic qualification and examinations/assessments mentioned within this form. If you are a new graduate and are yet to have your degree conferred, you are unable and therefore not required to provide a copy of your degree certificate with your application.

Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification. You must attach an original certified copy of your primary medical degree certificate that indicates completion of a course of study leading to a qualification in medicine or dentistry.

11. Please read this before

Answering the following questions:

What are the details of your internship?

ALL applicants MUST provide details of an internship or equivalent if applying for initial registration in Solomon Islands. **International medical graduates** must also provide evidence of a period of supervised practice in the relevant country.

You MUST attach evidence of completion of your internship.

Clinical Discipline	Institution/Place Give name of Hospital & City	Duration In Months	Month/Year Completed
Internal Medicine			

General Surgery			
Pediatrics			
Obstetrics & Gynecology			
Anesthesia			
Ophthalmology			
Public Health			
Emergency Medicine			
Psychiatry			
Orthopedics			
Ear Nose & Throat			
Other			
Dental Clinic Dentistry			
Advanced Conservative Dentistry			
Periodontology			
Pediatrics Dentistry & Otodontics			
Oral Surgery			
Dental Public Health and Preventative Dentistry			
Other			

End date

You MUST attach evidence of completion of your supervised practice if you are applying for general registration in Solomon Islands. This must include evidence of satisfactory completion of all necessary rotations.

Section F: Work History

13. What is your full practice history?

You must attach to your application a Curriculum Vitae (CV) that describes your full practice history and any clinical training undertaken. The information contained in your CV will further inform the Board in relation to your recency of practice and registration history.

- Detail any gaps in your practice history of more than three months from the date you obtained your qualification.
- Be in chronological order.
- Be signed and dated with a statement "This Curriculum Vitae is true and correct as at (insert date)".
- Be the original signed CV (no faxes or scanned copies will be accepted).

a. Post Graduate Degrees/qualifications & certifications

Dates of study	Degree/Diploma /Qualification	Conferring Authority	Country

Language of instruction of course

b. Other qualifications (in any field)

12. Are you an International medical Graduate?

No Yes

Provide details of your supervised practice below.

Summary record of Medical Practice (from initial qualification until present)

Any period of unemployment or temporary retirement from practice greater than three month should be documented and reasons for same indicated.

	From Month/year	Until Month/year	Post	Location Name of Hospital/ City	Clinical Area of practice
1					
2					
3					
4					
5					
6					

Section E: Registration History

14. What is your health practitioner registration history?

Name of Institution

Country

Start date

The Board requires a Certificate of Registration Status or Certificate of Good Standing from every jurisdiction in which you are currently, or have previously been registered as a health practitioner (including overseas registrations) **during the last 10 years**. You must arrange for original Certificates to be forwarded directly from the licensing or registration authority to the Board of Solomon Islands.

Date of entry	Registration Authority	Country/ State	Valid Until	General/ Speciality

Attach a separate sheet if your registration history does not fit within the space provided.

Section F: Suitability Statements

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach an expeditious and informed decision.

a. Continuing professional development (CPD)

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal qualities required in their professional lives.

List all CPD activities in last 12 months

Date	Activity	Hours	Location/Specialty

Attach copies of original documents.

15. English Proficiency

Did you undertake your secondary education and your tertiary qualifications in the profession, in English, in one of the following countries.

Australia, New Zealand, Fiji, PNG, Solomon Islands, other.....

Yes No

If yes go to next question

If No, You must arrange for a Testing authority to provide evidence of your successful completion of the Board approved English language test

Board approved English language test **directly** to the Board. IELTS (Academic); minimum Band Score of 5 in each module.

16. Professional Indemnity Insurance

Do you commit to have appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?

Check which applies to you in the table below.

Private	Public Sector & Contract	Indemnified Employer/ NGO	Statutory exemption	Practitioner working overseas
Yes	Yes	Yes	Yes	Yes

Professional Indemnity Insurance

Certificate Number:

Letter of declaration: Yes No

Please attach copies of original declarations & documents.

17.Criminal History

Please read this before answering the following question about criminal history:

Criminal history includes the following, whether in Solomon Islands or overseas, and at any time

- Every conviction of a person for an offence
- Every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence.
- Therefore, a complete criminal history will be supplied to the Board irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

Do you have any criminal history in Solomon Islands? Yes No

Do you have any criminal history in another country? Yes No

Provide a separate sheet and Police Clearance

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

18. Recency of practice

Please read this before answering the following questions about recency of

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. In accordance with the recency of practice standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.
See requirement above (under 'Work history') to provide curriculum vitae.

If Yes, You **MUST** attach details of any conditions, undertakings or limitations.

22. Will you be changing your scope of practice since you were last practicing?

Yes No

If Yes, You **MUST** attach details, including any relevant training and assessments undertaken for the Board to consider your application.

23. How long have you been absent from practice?

Between one and three years:
Yes No

If Yes, provide a plan for professional development and for reentry to practice for consideration of the Board.

More than three years:
Yes No

If Yes, Provide evidence of having completed the required prorated Continuing Professional Development.

You are required to commence work under supervision in a training position approved by the Board.

24. Did you previously practice medicine for more than two years?

Yes No

You **MUST** attached details of the Supervised training position you propose to take up.

25. Medical/Fitness for Practice

Please read this before answering the following question about recency of health, conduct and performance:

Impairment means a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, your capacity in the profession.

Do you have an impairment that

Are you returning from a temporary absence from practice?

Yes - Less than 12 months
No
One to three years
Yes No
More than three years
Yes No

Current location and sphere of practice

Including hospital/private/academic appointments:
Give name and address of employing authority or if Relevant, provide name partners in private practice or state "solo practice".

For Private practice: Attach Certified Copy of Registered Business Name

19. Have you previously had your registration cancelled, refused or suspended in Solomon Islands or overseas?

You **MUST** attach details of any cancellation or refusal to this application.

20. Are you disqualified, under the Medical Dental Practitioners Act or a corresponding prior Act, from applying for registration, or being registered, in the profession?

Yes No

If Yes, You **MUST** attach details of any disqualifications to this application.

21. Has your registration ever been subject to conditions, undertakings or limitations in Solomon Islands or overseas?

Yes No

detrimentally affects, or is likely to detrimentally affect, your capacity to practice the profession?

Yes No

You MUST attach details of any impairments to this application.

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients in an increased risk or harm?

Yes No

Do you have any medical condition which may place you or your patients at increased risk or harm?

Yes No

If Yes, attach details.

You MUST attach a copy of most recent Medical Examination report from a Board-approved Registered Medical Practitioner and in the Prescribed form.

26. Have you been or are you the subject of conduct, performance or health proceedings whilst registered under the MDB, a corresponding prior Act or the law of another jurisdiction in Solomon Islands or overseas, where those proceedings were not finalized?

No Yes

If Yes, You MUST attach details of any conduct performance or health proceedings to this application.

27. Is your registration in the profession, in Solomon Islands or overseas, currently suspended or cancelled?

No Yes

If Yes, You MUST attach details of any registration suspension or cancellation to this application.

28. Have you changed your scope of practice in the previous 12 months?

Yes No

You MUST attach details, including any relevant training and assessments undertaken for the Board to consider your application.

Section I: Payment

! You are required to pay both an application and a registration fee which is totals \$600SBD (i.e. approx.\$110 AUD)

29. Please note, once your application has been approved, \$600 (SBD) is payable to the Medical & Dental Board of Solomon Islands prior to practicing.

*see below for bank details.

Bank- Central Bank of Solomon Islands (CBSI)
Bank Account No- 0260-002
Bank Account Name: SIG Revenue Account
Swift Code: CBSISBSB
Email: info@ cbsi.com.sb

And do scan the Official receipt of the transaction and email it to simeddentboard@gmail.com as soon as possible.

31. PLEASE READ AND MAKE SURE YOU UNDERSRTAZND THESE STATEMENTS BEFORE SIGNING:

Signature of applicant [] Date: []
Signature of Witness [] Date []
Printed name of applicant []

Printed name of person who can witness a statutory declaration []
Role or occupation of Witness: []

I consent:
to the SIMDB making enquiries of and exchanging information with the authorities of any other country, regarding my practice as a

health practitioner or otherwise regarding matters relevant to this application.

I authorize:

- the SIMDB to obtain my criminal history in Solomon Islands and overseas.

I understand:

- that a complete criminal history, including resolved and unresolved charges, spent convictions and findings of guilt for which no conviction was recorded, will be released to the SIMDB.
- that information will be extracted from this form and forwarded to the Criminal Investigations Department and Solomon Islands Police services for checking action, and that this information may be used by Solomon Islands Police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge:

- that the SIMDB may validate documents provided in support of this application as evidence of my identity
- that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake:

- to comply with all relevant legislation, Board registration standards, codes and guidelines.

I declare:

- that the above statements, and the documents provided in support of this application, are true and correct
- that I am the person named in the attached documents.

I make:

- this declaration in the knowledge that a false statement may amount to perjury. It is also a ground for the Board to refuse registration.

7 to 9

Note1: The SIMDB will determine your eligibility for registration.

If you are found to be eligible, your registration Will be confirmed when you present your original documents, or original notarized copies of same, to the Registrar, SI Medical & Dental Board, for inspection and verification of the copies you have submitted.

Note 2: It is normal practice for doctors coming from outside Solomon Islands on first appointment to be granted conditional registration for a period of (6) months, which will be confirmed subject to satisfactory performance.

Note 3: Applications for Temporary/Limited Registration, for visits by consultants for specific projects, must be accompanied by letters of recommendation from the medical practitioner, resident in Solomon Islands, who is responsible for the project.

Note 4: Applicants for renewal of registration who have been registered in Solomon Islands within the preceding 24 months, May use a simplified application form obtainable on request, (including by email), provided the circumstances of the application are substantially unchanged from the previous visit.

The signature of applicant must be signed in front of the Witness.

Name of Witness:

Date

Address:

Warning: False/Fraudulent claims: In the event of any applicant submitting false or incomplete data, and/or copies of certificates, which are found to be false, the Medical Registration authority of the applicant's citizenship will be notified. The application for registration in Solomon Islands will be unsuccessful, or provisional registration, if already given, will not be confirmed, and may be cancelled