# Solomon Islands Medical & Dental Board

*Building, promoting; professional quality and safe Medical/Dental practice.*

APPLICATION FOR NEW REGISTRATION

This form is to be filled by new graduates and practitioners who wants to apply for registration with the Solomon Islands Medical & Dental Board. Note that your application will not be considered unless it is complete and all supporting documentation provided.

- Type or write in BLOCK LETTERS using a black or blue font
- Place an "X" by clicking on ALL applicable boxes
  **All supporting documentations must**:
- Be in English
- Be certified

Attach Photo ID

## 1. APPLICANT INFORMATION

**Title**: ☒Mr. ☐Mrs. ☐Ms. ☒Dr. ☐Other _____ **Sex:** ☐Male ☐Female

**Names**: _____ _____ _____ _____
*Last* *First* *Middle* *Other Names*

**Nationality**: Are you a Solomon Islander? ☐ Yes ☒ No If no, what is your nationality? _____

**Address**: _____ _____ _____
*Home/Street* *State/Province* *Country*

**Contacts**: _____ _____ _____
*Phone* *Email* *Postal address*

**Language** : Do you speak English? ☒Yes ☐No ; Other language that you speak _____

## 2. IDENTITY CHECK

**Please provide information for any one of the following legal documents**:

| | Country of issue | Date issued | Expiry date |
|---|---|---|---|
| ☒ Passport | | | |
| ☒ Driver's license | | | |
| ☐ Other _____ | | | |

**Criminal or Other conviction**

Have you been convicted of a crime or offence? ☐Yes ☐No; if Yes, explain _____

## 3. ACADEMIC BACKGROUND

**Primary Qualification**

College/University: _____ Address: _____

From: _____ To: _____ Qualification: _____

**Specialist Qualification**

College/University: _____ Address: _____

From: _____ To: _____ Qualification: _____

## 4. REGISTRATION INFORMATION

**Registration History**

Have you registered before in Solomon Islands? ☐Yes ☐No ; if YES, when? _____ Expire _____

Do you have a foreign medical board registration? ☐Yes ☐No; If you answered YES, fill in the details in the table below

| Type of Registration | Issuing Authority | Valid until |
|---|---|---|
| | | |
| | | |
| | | |

**Type of registration applied for**:

☐ Provisional ☐ General ☐ Specialist ☐ Temporary: From _____ To _____

*NB: Applicants for provisional registration can skip section 5.*

## 5. PRACTICE HISTORY

**Internship or supervised practice** [For general registration applicants only]

Hospital/Institution: _____ From _____ To _____

Please indicate in the table below which department you've worked in during your internship and for how long

Medical

| Departments | Duration |
|---|---|
| ☐ General Surgery | |
| ☐ Pediatrics | |
| ☐ Obstetrics & Gynecology | |
| ☐ Anesthesia | |
| ☐ Ophthalmology | |
| ☐ Public Health | |
| ☐ Emergency Medicine | |
| ☐ Psychiatry | |
| ☐ Orthopedics | |
| ☐ Ear Nose & Throat | |
| ☐ Family Medicine/Rural Practice | |

Dental

| Specialist Units | Duration |
|---|---|
| ☐ Oral Surgery | |
| ☐ Conservative Dentistry and Endodontics | |
| ☐ Pediatric Dentistry & Orthodontics | |
| ☐ Prosthodontics | |
| ☐ Periodontics | |
| ☐ Dental Public Health | |
| ☐ Other | |

**State where and what you have been practicing in the last 10 years:**

Organization: _____ From: _____ To: _____

Address: _____ Email: _____ Phone: _____

Briefly describe your practice: _____

Organization: _____ From: _____ To: _____

Address: _____ Email: _____ Phone: _____

Briefly describe your practice: _____

Organization: _____ From: _____ To: _____

Address: _____ Email: _____ Phone: _____

Briefly describe your practice: _____

**Where are you intending to practice in Solomon Islands?**

Hospital/Institution: _____ Address _____

## 6. PROFESSIONAL INDEMNITY INSURANCE

Do you have a professional indemnity insurance arrangement in place for the duration of your practice? ☒Yes ☐No

If you answered Yes above indicate below which insurance type applies to you:

☐ Private

☐ Public Sector & Contract

☒ Indemnified by Employer/NGO

☐ Statutory exemption

☐ Practitioner working overseas

Professional Indemnity Insurance

Certificate Number: _____

Letter of Indemnity: ☐Yes ☐Now

## 7. Health Check

An impairment includes any physical or mental disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to affect one's capacity to practice safely.

Do you have any of the following:

- An impairment that detrimentally affects, or is likely to affect your ability to practice? ☐ yes ☒ No
- Previously or currently suffering from an injury or condition which may place you or your patients at risk? ☐Yes ☒ No

## 8. FEES

How are you going to pay your application and registration fees?

☐ Bank transfer

☐ Cheque

☐ Cash

Not applicable to DAISI applicants as per current Memorandum of Understanding

## 9. Support documentations

Certified copies of the documents listed below and any the document requested by the Registrar must be submitted together with your application. Failure to do may result in your application not being considered.

- Official identification (e.g. passport)
- Curriculum Vitae
- Academic qualification or Certificates
- Police clearance report
- Medical report

## 10. CONSENT

I consent:

- To allow the Solomon Islands Medical & Dental Board (SIMDB) make enquiries and exchange information with authorities either local or foreign regarding my practice as a medical/dental practitioner.

I authorize:

- 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 may be released to the SIMDB.
- That information will be extracted from this form and may be forwarded to the Criminal Investigations Department and Royal Solomon Islands Police (RSIP) for checking, and that this information may be used by RSIP for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge:

- That SIMDB may need to validate documents provided in support of this application as evidence of my identity and 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 document.

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.

**Signature of applicant** _____ **Date** _____

Warning!

**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.**