Boards Management Office



BMB 6

BMB REGISTRATION NO.

Ministry of Health Brunei Darussalam

Application for Renewal of Annual Practicing Certificate/License

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How to complete this application form

- o Read and complete all questions
- Ensure that all pages and required attachments are submitted to Boards Management Office (BMO)
- O Use a blue pen only
- o Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: 🗷

Privacy and Confidentiality

 The Brunei Medical Board and BMO are committed to protecting personal information as private and confidential.

Title: MR
Nationality: Passport No: Country of Issue:
Brunei I/C No: Colour: Yellow □ Purple □ Green □
Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐ Race: ☐ Religion: ☐
SECTION B: Contact information
Provide current contact details below and place an Image next to your preferred contact phone number Office/Business hours After hours Email
What is your current residential address? Residential address cannot be a PO Box. Post Code

		_
What is your principal place of		1
practice?		i
The address at which you		닠
predominantly practice the		
profession and it cannot be a PO		_
Box.	Post Code Post Code	╛
	Talanhana	٦
	Telephone Facsimile	
	Type of practice: Government Private Solo Private Group	
	Titate disup	
	Date of Commencement:	
	Date of commencement.	
	Department (if Government):	
	Department (ii Government):	1
	II 14 (15 11 11)	
	Unit (if applicable) :	J
	Other places of practice (if any)	_
	Address Post code Contact & Type of	
	Fax number practice	
	T	7
	Your position: Type of Appointment:	
	☐ Permanent ☐ Locum	
	Contract Daily Paid	
	Month to Month	
		1
What is your current mailing		_
address?	My residential address My principal place of practice	
Your mailing address is used for		
postal correspondence	Other (provide your mailing address below)	
	Post Code Post Code	
		_
SECTION C: Declaration and Signat	ure	Ī
8		
hereby declare that the above info	rmation is true and complete. I recognize that it is my responsibility to provide any necessary	
	cation and I authorize the Brunei Medical Board to obtain further relevant documentation.	
	ical Board reserves the right to change or reverse any decision regarding registration on the basis	
	ion. I hereby also authorize the Brunei Medical Board and BMO to release any information and/or	
	poses of the Medical and Dental Practitioners Act or any relevant legislation herewith.	
refevant documentation for the pur	poses of the Methical and Dental Fractitioners Act of any relevant legislation nerewith.	
Signature of applicant		
Signature of applicant:		
	Data	
	Date:	

ON D: Checklist	
Additional documents	Attached
One (1) colour passport photo (with name written at the back)	
2 Evidence of at least 30 CME points plus supporting documents	
Valid Medical fitness certification from Occupational Health Section, Ministry of Health	
Validity date:	
Additional for private sector:	
Photocopies of all pages of passport	
4.2 List of dates of absence from Brunei Darussalam since 1 December last year	
List of services/procedures	
ent	
Registration Fee of B\$50.00 (cash) (Waived for those working under the government who submits application prior to 1st December)	
red attachments and documentations to: Commonwealth Drive Brunei Darussalam	
	Evidence of at least 30 CME points plus supporting documents Valid Medical fitness certification from Occupational Health Section, Ministry of Health Validity date: Additional for private sector: Photocopies of all pages of passport List of dates of absence from Brunei Darussalam since 1 December last year List of services/procedures ent Registration Fee of B\$50.00 (cash) (Waived for those working under the government who submits application prior to 1st December) Secretariat BOARDS MANAGEMENT OFFICE 2nd Floor, Ministry of Health Commonwealth Drive