Boards Management Office

REGISTRATION NO. (for office use only)

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Ministry of Health
Brunei Darussalam

BMB 1

APPLICATION FOR REGISTRATION WITH BRUNEI MEDICAL BOARD

How to complete this application form

- Read and **complete all questions**
- Ensure that **all pages** and required **documentations** are submitted to Brunei Medical Board Office
- Use a **blue** pen only
- 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.

SECTION A: Personal details

Title:
MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ Other:

Full name:

Date and Country of Birth: | | | - | | | - | | | | | Age: year Sex: Male ☐ Female ☐

Nationality: Passport No: Country of Issue:

Brunei I/C No: Colour: Yellow ☐ Purple ☐ Green ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Widow ☐ Race: Religion:

SECTION B: Contact information

What are your contact details?

Provide your current contact details below and place an ☒ next to your preferred contact phone number

Office/Business hours | | | | | | | | | | | ☐ Mobile | | | | | | | | | | | ☐

After hours | | | | | | | | | | | ☐

Email

What is your residential address?
Residential address **cannot** be a PO Box.

Post Code | | | | | | |

What is your principal place of practice?
The address at which you predominantly practice the profession and it **cannot** be a PO Box.

Post Code

Telephone

Facsimile

Type of practice: Government ☐ Private ☐

Date of Commencement: - -

Department (if Government):

Other places of practice (if any)

Address	Post code	Contact & Fax number	Type of practice

What is your mailing address?
Your mailing address is used for postal correspondence

☐ ☞ My residential address ☐ ☞ My principal place of practice

☐ ☞ Other (***provide your mailing address below***)

Post Code

SECTION C: Qualification for the profession

What are the details of your qualifications and examinations/ assessments?

Primary medical qualification and examination/assessments (First Degree)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - -

Completion date: - -

Additional Medical Post-Graduate qualification and examination/assessments (if any)

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - -

Completion date: - -

Title of qualification

Name of institution (University/College/Examining body)

Country

Commencement date: - -

Completion date: - -

SECTION D: Registration history

What is your health practitioner registration history?

If you have been registered outside of Brunei Darussalam, the Board requires a Certificate of Registration Status or Certificate/Letter of Good Standing from each licensing authority outside of Brunei Darussalam in which you are currently, or have previously been registered as a health practitioner **during the past ten years**

Most recent registration

Name of Board/Council

Country

Profession

Period of registration - - to - -

Additional registration

Name of Board/Council

Country

Profession

Period of registration - - to - -

SECTION E: Work history

What is your full practice history?

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

Work Experience / Employment History

Duration	Employer/Hospital	Position/Duties	Department
From - - To - -			
From - - To - -			
From - - To - -			
From - - To - -			
From - - To - -			
From - - To - -			
From - - To - -			

SECTION F: Suitability Statements

Do you currently hold Membership of Professional Society/ Association?

NO ☐ ☞ ***Go to the next question***

YES ☐ ☝ ***Provide details below***

Name of Society/Association and Country

PROFESSIONAL CONDUCT	
a) Have you ever been the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
b) Are you currently the subject of an inquiry or an investigation by a licensing authority involving an allegation of professional misconduct, incompetence, incapacitation or any like allegation?	YES ☐ NO ☐
c) Have you ever appear in the records of a licensing authority as having been subjected to reduced or cancelled privileges by a hospital/clinic due to incompetence, negligence, incapacitation or any form of professional misconduct?	YES ☐ NO ☐
*If **YES** has been answered to any of the questions above, you **must** attach all relevant information and documentation.	

ENGLISH/MALAY LANGUAGE PROFICIENCY a) English was the language of instruction in previous studies/employment If not, please state language :_____	YES ☐ NO ☐
b) Will sit/have sat for an English/Malay Proficiency Test Date : _____ Test name : _____ Result (if known) :_____	YES ☐ NO ☐
*If **YES** has been answered to any of the questions above, you **must** attach all relevant information and documentation.	

SECTION G: Declaration and Signature

I hereby declare that the above information is true and complete. I recognise that it is my responsibility to provide any necessary documentation to support my application and I authorise the Brunei Medical Board to obtain further relevant documentation.

I acknowledge that the Brunei Medical Board reserves the right to change or reverse any decision regarding registration on the basis of incorrect or incomplete information. I hereby also authorize the Brunei Medical Board and BMO to release any information and/or relevant documentation for the purposes of the Medical and Dental Practitioners Act or any relevant legislation herewith.

Signature of applicant:

Date:

		-			-				
		-			-				

SECTION H: Checklist

No.	Required documents	Attached
1	Proof documentation of offer of clinical job	☐
2	Certified true copy of Basic Medical/Dental Degree Certificate	☐
3	Proof documentation of post-housemanship/internship clinical experience	☐
4	Certified true copy of Post-Graduate Qualification Certificates (if applicable)	☐
5	Proof of Verification document of Basic Medical/Dental Degree Qualification to be sent directly to Brunei Medical Board	☐
6	Certificate of Registration with current Medical/Dental Licensing Authority	☐
7	Certificate/Letter of Good Standing not more than 6 months old	☐
8	Work reference from current/last place of practice	☐
9	Up-to-date Curriculum Vitae	☐
10	Proof of identity (passport, or Brunei Identity Card if Brunei Citizen)	☐
11	One (1) colour passport photo (with name written at the back)	☐
12	Valid Medical Fitness Certificate issued or endorsed by an approved Occupational Health Practitioner in Brunei Darussalam	☐
13	Police Clearance Certificate (from country of origin and last country of practice)	☐
	Payment	
i	Fees i) Registration fee ii) Administrative fee	☐ ☐

Please hand in this form completed with required documentations and payment (if applicable) to:

BRUNEI MEDICAL BOARD
Unit 2G4:02
4th Floor
Ong Sum Ping Condominium
Brunei Darussalam
BA 1311

Email : bmb.brunei@moh.gov.bn
Tel : +673 2237313
Fax : +673 2237319

SECTION I: *FOR OFFICE USE ONLY*

Date received: | | | - | | | - | | | | |

Payment:

1. Amount:
2. Receipt No.:

Date: | | | - | | | - | | | | |

Processed by:

Registration approved: ☐ Registration rejected: ☐

Type of Registration endorsed by the Board

Full ☐ Provisional ☐ Conditional ☐ Temporary ☐

Comments:

Signature and Stamp:

Date: | | | - | | | - | | | | |