

# Medical License Registration Form

## Sample for Foreign Doctors

Complete our **medical license registration form** sample designed specifically for foreign doctors seeking certification. This form streamlines the application process by gathering all necessary credentials and personal information required for medical practice approval. Ensure your submission is accurate and professional to expedite your registration.

### Personal Information

Full Name \*

Date of Birth \*

Gender

Select▼

Nationality \*

Passport Number \*

### Contact Information

Email Address \*

Phone Number \*

Permanent Address \*

### Medical Education & Qualifications

Medical Degree Awarded (e.g., MBBS, MD) \*

University/Institution Name \*

Country of Graduation \*

Year of Graduation \*

Upload Medical Degree Certificate \*

Choose File

No file selected

## Professional Licensure

Current Medical License Number \*

Issuing Country/State \*

License Validity Period \*

Upload Current Medical License \*

Choose File

No file selected

## Language Proficiency

Primary Language

English Proficiency Level

Other Languages

## Employment History

Previous Medical Practice(s) (list most recent first)

Include employer, position, country, and years work

## Declarations & Consent

☐

I hereby declare that all the information provided is true and accurate. I consent to the use of my personal data for registration and verification purposes.

Submit Application