

Medical License Initial Registration Form

The **medical license initial registration form** format is a structured document designed to capture essential personal and professional information from healthcare practitioners seeking their first medical license. This form ensures compliance with regulatory standards and facilitates the verification process by relevant medical boards. Proper completion of the form is critical for timely approval and legal practice authorization.

A. Personal Information

Full Name

Date of Birth

Nationality

Gender

 Select

Contact Number

Email Address

Residential Address

B. Identification Details

Type of ID (e.g., Passport, National ID)

ID Number

Issued By

C. Educational Qualifications

Medical Degree Awarded

Institution Name

Year of Graduation

Country of Institution

D. Internship & Experience

Internship Details (hospital, department, duration)**Additional Clinical Experience (if any)****E. Declarations****Have you ever been convicted of a criminal offense?** Select **Have you ever faced disciplinary action by a medical authority?** Select **If yes to any, please provide details****F. Documents to Attach**

- Copy of valid ID
- Passport-sized photo
- Medical degree certificate
- Proof of internship completion
- Other relevant certificates (if applicable)

G. Declaration & Signature**I hereby declare that the information provided is true and accurate to the best of my knowledge.****Applicant Signature****Date****Submit Application**