

Sample of Completed Medical License Registration Form

This **sample of completed medical license registration form** provides a clear example of how to accurately fill out essential personal and professional details required for medical licensure. It serves as a helpful guide for applicants to ensure all necessary information is properly documented. Using this sample can streamline the registration process and minimize errors.

1. Personal Information

Name	Dr. Jane Elizabeth Smith
Date of Birth	15/06/1982
Gender	Female
Nationality	American
Contact Address	1234 Elm Street, Apartment 7B, Springfield, IL 62704
Phone Number	+1-217-555-0198
Email Address	jane.smith@email.com

2. Identification and Credentials

Passport/ID Number	AB1234567
Social Security Number	123-45-6789
Medical School Name	Harvard Medical School
Year of Graduation	2007
Degree Awarded	MD (Doctor of Medicine)

3. Postgraduate Training

Institution Name	Massachusetts General Hospital
Residency Specialty	Internal Medicine
Period (From - To)	07/2007 - 06/2010

4. Professional Licensure History

Previous License	Illinois State Medical License
License Number	IL7654321
Date of Issue	08/2010
Status	Active

5. Declarations & Signature

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Date	12/04/2024
Applicant's Signature	(Signed) Dr. Jane E. Smith