

# 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