



Comhairle na nDochtúirí Leighis
Medical Council

GRADUATES OF MEDICAL SCHOOLS LETTER - APPLICATION FORM

PLEASE COMPLETE BOX AND WRITE LEGIBLY IN BLOCK CAPITALS

REGISTRATION NUMBER							
DATE OF BIRTH	D	D	M	M	Y	Y	Y
MOTHER'S MAIDEN NAME FOR SECURITY REASONS							
SURNAME							
FORENAME							
EMAIL ADDRESS							
CURRENT REGISTERED ADDRESS							
ADDRESS TO WHICH DOCUMENTATION SHOULD BE SENT (IF DIFFERENT FROM ABOVE)							
For Office Use Only: Applicant is compliant based on list of approved Medical Schools Y / N							

IMPORTANT:

Unless otherwise specified, a "Graduates of Medical Schools" letter will be issued to your **registered address** on completion of this request. If you have changed address since your original registration certificate was issued, you should update your address first. The cost of this letter of certification is **€65**.

Signed: _____

Date: _____

Please return the completed signed form to **Medical Council, Kingram House, Kingram Place, Dublin 2** or e-mail the form to **registration@mcirl.ie**

