



Comhairle na nDochtúirí Leighis
Medical Council

ADDITIONAL QUALIFICATION REQUEST 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								
TELEPHONE NUMBER(S)								
EMAIL ADDRESS								
QUALIFICATION	Qualification			Year		University		

IMPORTANT:

You **must** attach a notarised/certified copy of your Additional Qualification to this form in order to have your qualification added to the Register. The cost of each additional qualification is **€105**. The qualification(s) must be a recognised qualification as per the list published on www.medicalcouncil.ie.

Signed: _____

Date: _____

Please return the completed signed form and supporting documentation to **Medical Council,
Kingram House, Kingram Place, Dublin 2**

