



Comhairle na nDochtúirí Leighis
Medical Council

LETTER OF COMPLIANCE APPLICATION FORM

PLEASE COMPLETE BOX AND WRITE LEGIBLY IN BLOCK CAPITALS

REGISTRATION NUMBER								
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
MOTHER'S MAIDEN NAME FOR SECURITY REASONS								
SURNAME								
FORENAME								
EMAIL ADDRESS								
CURRENT REGISTERED ADDRESS								
ADDRESS CERTIFICATION TO BE SENT TO (IF DIFFERENT FROM ABOVE)								
For Office Use Only: Applicant is compliant based on EU/EEA Training (Article 24) Y / N								

IMPORTANT:

Unless otherwise specified, a Letter of Compliance will be issued to your **registered address** on completion of this request. If you have changed address, you should update your address first. The cost of the Letter of Compliance 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**

