Comhairle na nDochtúirí Leighis
Medical Council

PRES Level 2 Application Form 2026

IF YOU WISH TO SIT THE PRES LEVEL 2, PLEASE READ THE IMPORTANT NOTICE AND FOLLOW THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS PRES LEVEL 2 APPLICATION FORM.

IMPORTANT NOTICE: Only candidates who have received confirmation of their eligibility directly from the Medical Council can apply for a place in the Level 2 exam.

Application forms should be completed and returned to the Medical Council by **scanning** the completed form and emailing to **pres@mcirl.ie**

Name:_____ **Medical Council Reference No:** | | | | | | |

SECTION 1 – APPLICANT DETAILS

Please complete in BLOCK CAPITALS

Address: _____

_____

_____

_____

_____

E-mail address: _____

Telephone No: (landline) _____

Telephone No: (mobile) _____

Date of Birth: D D M M Y Y Y Y

Passport Number: _____

Passport Expiry date: D D M M Y Y Y Y

SECTION 2 – PRES LEVEL 2 DATE

Please tick (✓) each of the below boxes to confirm your exam date preference.

☐ I wish to apply to sit the PRES Level 2 in Dublin on 5th November 2026.

☐ I acknowledge that the application closing date for this exam is 23rd September 2026.

☐ I understand that if I am unable to attend this exam and do not withdraw from the exam in advance of the application closing date, the full exam fee will be forfeited.

SECTION 3 - PAYMENT

The Exam Fee of €352 must be paid if you wish to apply to sit this PRES Level 2. Once you have returned this Application Form, confirming that you wish to sit the PRES Level 2, the fee will be raised on your doctor's portal account and you will be notified by email.

SECTION 4 – DECLARATION

Please tick (✓) each box confirming your understanding of A-D below and sign the declaration

☐ A. I am eligible to apply for and wish to sit the PRES Level 2.

☐ B. I confirm that I have read, noted and understood the Important Notice about PRES Level 2 Application, the PRES Handbook and the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

☐ C. I am aware that allocations are made strictly on a first-come-first-served basis on receipt of fully completed application form AND payment. I am aware that if my complete Level 2 application is received after allocations for the Level 2 have been made, I may be allocated a place in the list for my second preference or placed on a standby list.

☐ D. I understand that I risk not being accepted a PRES Level 2 place, if my application form is not fully completed or is illegible, or if my payment does not go through.

Signature of applicant: _____

Date: _____

The Medical Council will acknowledge receipt of this form within 10 working days.