



## **MEDICAL COUNCIL OF MALAWI**

### **REGISTRATION PROCEDURES DOCUMENT #1**

#### **APPLICATION PROCEDURE FOR MEDICAL PRACTITIONERS, DENTAL PRACTITIONERS, PARA-MEDICALS AND ALLIED HEALTH PROFESSIONS WITH QUALIFICATIONS OBTAINED IN MALAWI**

IT IS A LEGAL REQUIREMENT IN THIS COUNTRY THAT ALL MEDICAL PRACTITIONERS SHOULD BE REGISTERED WITH THE MEDICAL COUNCIL OF MALAWI BEFORE THEY START ANY FORM OF WORK IN ANY INSTITUTION IN MALAWI. **PLEASE FAMILIARISE YOURSELF WITH THE MEDICAL PRACTITIONERS AND DENTIST ACT, 17 of 1987 AND RELEVANT REGULATIONS.**

#### **CATEGORY A**

##### **STUDENT INDEX REGISTRATION**

1. COMPLETE STUDENT APPLICATION FORM (**provided by Council**)
2. COPY OF STUDENT ID CARD/REFERENCE FROM THE TRAINING INSTITUTION WITH STUDENT IDENTIFICATION NUMBER
3. VALID COPY OF NATIONAL ID/COPY OF STUDENT PERMIT AND BIODATA PAGE OF THE PASSPORT FOR NON-MALAWIAN PRACTITIONERS.
4. COPY OF HIGHEST SECONDARY SCHOOL EDUCATION QUALIFICATION
5. 2 (TWO) PASSPORT SIZE PHOTOGRAPHS
6. RELEVANT FEE MUST BE PAID (**refer to current fee schedule**)

#### **CATEGORY B**

##### **REGISTRATION PROCEDURE FOR INTERNSHIP REGISTRATION OR QUALIFICATION THAT DOES NOT REQUIRE INTERNSHIP**

1. COMPLETE APPLICATION AND STATUTORY DECLARATION FORM PROVIDED BY COUNCIL. [www.medicalcouncil.org](http://www.medicalcouncil.org)
2. THE STATUTORY DECLARATION FORM MUST BE NOTORISED BY LAWYER, DISTRICT COMMISSIONER (DC) OR MAGISTRATE.
3. CERTIFIED COPY OF NOTIFICATION OF RESULTS/OFFICIAL ACADEMIC TRANSCRIPT
4. CERTIFIED COPIES OF DEGREES, DIPLOMAS AND CERTIFICATES.
5. COPY OF HIGHEST SECONDARY SCHOOL EDUCATION QUALIFICATION.
6. TWO PASSPORT SIZE PHOTOS.
7. CURRICULLUM VITAE (**Required for applications made one (1) year after the qualification was obtained**)

8. COPY OF NATIONAL ID
9. RELEVANT APPLICATION FEE MUST BE PAID (refer to fee schedule)

**NOTE:**

- (i) **If the applicant has not yet graduated, notification of results or academic transcript will be used to process internship registration.**
- (ii) **Late applications attract penalties/fines. Registry staff will advise accordingly.**

**CATEGORY C**

**REGISTRATION PROCEDURE AFTER SUCCESSFUL COMPLETION OF INTERNSHIP**

1. **COMPLETE APPLICATION AND STATUTORY DECLARATION FORM PROVIDED BY COUNCIL. [www.medicalcouncil.org](http://www.medicalcouncil.org) (No need to notarise statutory declaration form)**
2. **CERTIFIED COPIES OF DEGREES, DIPLOMAS, CERIFICATES (If not submitted during internship application)**
3. **INTERNSHIP ASSESSMENT REPORTS AND COVER LETTER FROM THE INTERNSHIP INSTITUTION (each form should clearly indicate the dates for the rotation, signed and stamped by relevant authorities e.g Hospital Director, Intern coordinator, DMO)**
4. **RELEVANT APPLICATION FEE MUST BE PAID (refer to fee schedule)**

**NOTE:**

- (i) **Council will not accept internship reports whose details are suspected to have been tampered with.**
- (ii) **This document outlines minimum requirements, otherwise, Council reserves the right to prescribe additional documents.**