Annex I – Application form for medical professionals

For registrar only

Registration number:

Date and time:

Registration fee paid: Y N N/A

APPLICATION FORM EXEMPTION TO ORDINANCE RESTRICTING THE ESTABLISHMENT OF MEDICAL PROFESSIONALS

(AB 2013, GT no. 444)

PERSONAL DETAILS

a. Surname name:

_____

b. Given name(s):

_____

c. Profession (requesting to establish and practice as):

_____

d. Employer/ Institution of practice:

_____

e. Duration of employment (DD/MM/YYYY):

_____ until _____

f. Date of birth:

_____

g. Place of birth:

_____

h. Nationality:

_____

i. Address:

_____

_____

j. Mailing Address:

_____

_____

k. Telephone number:

_____

l. E-mail:

_____

Admission requested for (select answer):

Establishment ☐ Renewal ☐ Substitution ☐

EDUCATIONAL BACKGROUND / QUALIFICATIONS

Please provide an overview of all relevant education

a. Name of institution:

_____

Title of Diploma:

_____

Country:

_____

Completion date:

_____

b. Name of institution:

_____

Title of Diploma:

Country:

Completion date:

c. Name of institution:

Title of Diploma:

Country:

Completion date:

d. Name of institution:

Title of Diploma:

Country:

Completion date:

(Attach a separate page if your relevant qualifications and examinations did not fit in the space provided.)

COVER LETTER

Please attach a signed and dated cover letter that motivates your request.

PROFESSIONAL EXPERIENCE

Please attach a signed and dated current curriculum vitae that describes your full practice history.

CONTINUOUS MEDICAL EDUCATION

Please attach:

a. An overview of all relevant continuous medical education (CME) successfully completed over the past 2 years;

b. Include copies of all obtained certificates and/or proofs of participation (All documents must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document);

MEDICAL REGISTRATION HISTORY

Please attach an extract from all professional registries and/or specialist board(s) (e.g., BIG-registry in the Netherlands, KNMG registration in the Netherlands) from the country where registered.

STATEMENTS, CONSENT AND DECLARATION

Statements:

a. **Have you been suspected, charged and/or convicted of committing any criminal activities?**

Yes ☐ No ☐

If yes, please provide an elucidation on the exact nature of the suspicion/charge/conviction on a separate sheet and include a copy of any document that may be relevant to support your elucidation.

b. **Have you had any registration in a professional registry or specialist board cancelled, refused, suspended or subject to any restrictions, undertakings or limitations?**

Yes ☐ No ☐

If yes, please provide an elucidation on the exact nature of the cancellation/refusal/suspension/restriction/undertakings/limitations on a separate sheet and include a copy of any document that may be relevant to support your elucidation.

Consent and Declaration:

i. I consent to the Inspectorate of Public Health making enquiries of and exchanging information with the health authorities of any state or country regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

ii. I understand that information can be extracted from this form and used for the purpose of criminal history checking.

iii. I declare that all documentation has been submitted in compliance with the requirements and required documents attached to this application form.

iv. I consent to my information being shared with the relevant assessment agencies for further evaluation if deemed necessary by the Minister of Public Health, Social Development and Labour.

v. I understand that additional information may be requested during the assessment which requires my compliance.

vi. I understand that an incomplete application will not be processed.

vii. I declare that the above statements and the documents provided in support of this application are true and correct. I make this declaration in the knowledge that a false statement will lead to refusal or revocation of the application.

Date: (DD/MM/YYYY)

_____

Signature of the medical professional

_____

REQUIREMENTS

- All questions in this application form must be completed and ensure all pages and attachments are included and submitted in one (1) pdf file.
- This application form may be submitted typed or handwritten clearly in block letters using black or blue ink.
- That the applicant must submit all the of the information listed below including the information required within the application form.
- That all documentation must be accompanied with an attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
    - Relevant documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba).

REQUIRED DOCUMENTS

This application will be considered incomplete and will not be processed if all of the below mentioned supporting documents (insofar as applicable) have not been provided.

For medical professionals who meet the requirements as stipulated in the relevant legislations:

1. Copy of valid passport;
2. An up-to-date curriculum vitae;
3. An original certified copy of all relevant diplomas, extract BIG- register (Beroepen in de Individuele Gezondheidszorg) in the Netherlands. In the case of Midwives extract from the Health Registry of Suriname must be included;
4. Proof of registration in a board of medical professionals where the medical professional is registered (e.g., KNMG) if applicable;
5. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
6. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
7. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution;

For medical professionals who do **not** meet the requirements as stipulated in the relevant legislations, you are required to provide the following:

1. Copy of valid passport;
2. An up-to-date curriculum vitae
3. Supporting documents showing any professional experience;
4. An original certified copy of all relevant diplomas, issued by the institution where the diploma was obtained. This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
5. Authenticated certified copy of all relevant certificate(s) and diploma(s), physicians must submit a certified copy of the relevant degree/ certificate to the Inspector General of Public Health, Sint Maarten;
6. Transcripts, grade lists and assessments of study results, practice periods and/or internships This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
7. Proof of registration in the register of the profession, not older than six months;
8. CCPS (Certificate of current professional status) from the health authorities of the country of current practice, not older than three months, showing whether a decision or measure, based on a judicial, disciplinary or administrative decision given or is in force on the basis of which the applicant has temporarily or permanently lost all of their rights to exercise the profession concerned in the country where the decision was given, issued by the competent authorities;
9. The official curriculum followed in the university for all relevant degrees, issued by the competent authority in the country where the training was taken. Program listing the courses of your professional degree(s), divided into theoretical and practical subjects. Indicate how

much time was spent on the education in these subjects. This document must be issued by the institution from which you received your degree;

10. The document must demonstrate that the training curriculum took place at the specified period. An overview of the training followed must be in chronological order and contain information about the duration and content of the parts of the training;
11. A list of operations performed during the training (for cutting specialisms) in chronological order;
12. Proof of continuous medical education followed after completing the medical training;
13. Statement(s) about the completion of the training as a specialist for activities performed with substantive information about the nature of the activities (for cutting specialisms, supplemented with an overview of performed activities);
14. Proof of sufficient command of the English language;
    a. *No proof of English proficiency is required if English is the native language of the medical professional.*
    b. Evidence that English was the language of instruction of the medical professional's relevant educational career
    c. English language test scores from either;
        i. TOEFL
        ii. IELTS (International English Language System
        iii. Cambridge Assessment English
15. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry).

For medical professionals requesting an extension of their establishment, you are required to provide the following:

1. Copy of valid passport;
2. An up-to-date curriculum vitae;
3. Copy of current Ministerial Decree, expired no longer than 3 months;
4. Proof of registration in the register of the profession, not older than six months;
5. Proof of registration in a board of medical professionals where the medical professional is registered if applicable;

6. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
7. Copy of valid relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
8. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution;