

You should use this form if you are a UK or EEA national and require formal confirmation of fulfilment of training requirements.

This certificate is issued to doctors who have one of the following:

- A UK specialist qualification indicating completion of specialist training issued by the relevant Medical Royal College before 1995
- In the case of Psychiatry, a letter issued by the Royal College of Psychiatrists confirming completion of specialist training before 1995
- A CCST issued by the Specialist Training Authority of the Medical Royal Colleges (STA) between January 1996 and September 2005.

Confirmation will be provided according to Article 23 (6) of Directive 2005/36/EC and gives the same legal rights to automatic recognition in other EU countries as someone with a CCT.

You can read more about the GMC on our website:

[www.gmc-uk.org](http://www.gmc-uk.org)

**This is a fillable PDF. You may type into the sections where we require answers.**

All registered doctors' Level 1 information will be published in the List of Registered Medical Practitioners on our website and made available to any enquirer. Level 1 information consists of registered doctors' reference number, gender, name, any former name, year and place of primary medical qualification, status on the Register, date of registration, licensing history, the date on which their annual retention fee is due, and any publicly available fitness to practise history.

We will provide Level 3 Information to the UK health departments, employers and other regulatory bodies. Level 3 information consists of registered doctors' Level 1 information plus, date of birth, photograph, passport details, registered address and whether a doctor is subject to investigation under the fitness to practise procedures.

Please see our website for more information: [http://www.gmc-uk.org/privacy\\_policy.asp](http://www.gmc-uk.org/privacy_policy.asp)

**Please send your completed application along with all the required documentation to:**

**General Medical Council, Specialist Applications Team, 3 Hardman Street, Manchester M3 3HF.**

## What to submit

Along with your completed application form and the evidence you submit in support of your application, you should also send us the following:

### 1) A full and current curriculum vitae (CV)

Please make sure it complies with our CV guidance:

[http://www.gmc-uk.org/doctors/registration\\_applications/cesr\\_cegpr\\_cv.asp](http://www.gmc-uk.org/doctors/registration_applications/cesr_cegpr_cv.asp)

### 2) Proof of your identity

Please send a copy of the photo page of your passport, a national identity card or a driving licence that clearly shows your photograph, your name and nationality.

Please do not send an original passport, national identity card or driving licence

## Your personal details

GMC reference number		Title (Dr, Mr, Mrs, etc.)			
Family name or surname*					
First name*					
Other names*					
Date of birth	dd	mm	yyyy	Gender	

\*You must make sure your name matches your entry on the [Register](#). If it does not match, please [contact us](#).

## Your contact details

Full address					
Postcode		Country			
Home telephone	Work telephone		Mobile telephone		
Email address					
Preferred method of contact	email	<input type="checkbox"/>	letter	<input type="checkbox"/>	

### Your primary medical qualification (PMQ)

Full title of your PMQ	
Name and full address (including country) of the university (and college if appropriate) that awarded your qualification	
Date qualification awarded	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>

### Your training

Please tell us about the qualifications or accreditations you want us to certify.

<b>1</b> Specialty	
Name or qualification or certificate of accreditation	
Name and address of the body that awarded your qualification	
Date qualification awarded	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>
Evidence supplied	

<b>2</b> Specialty	
Name or qualification or certificate of accreditation	
Name and address of the body that awarded your qualification	
Date qualification awarded	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>
Evidence supplied	

<b>3</b> Specialty	
Name or qualification or certificate of accreditation	
Name and address of the body that awarded your qualification	
Date qualification awarded	<input type="text" value="dd"/> <input type="text" value="mm"/> <input type="text" value="yyyy"/>
Evidence supplied	

## Checklist

Please make sure you include the following documentation with your application:

1. Proof of identity which shows your nationality (a photocopy of the relevant pages of your passport or identity card)
2. Current curriculum vitae (please see our [CV guidance](#))
3. Evidence of the training requirements that you want us to confirm. Some examples of types of evidence are: qualification certificates, certificates of accreditation or confirmation letters from your college.

## Declaration

I apply for a Certificate of fulfilment of training requirements in the above named specialty(ies) and confirm the following:

1. I consent to the GMC contacting other third parties, including the Royal Colleges or Faculties, medical regulatory authorities, government bodies and other in connection with my application as may be reasonably necessary.
2. I consent to my personal data being given to other third parties, including the Royal Colleges or Faculties, medical regulatory authorities, government bodies and others in connection with application as may be reasonably necessary.
3. I understand that, before my application is considered complete, the GMC may request additional documentation.
4. I understand that if I supply any serious misrepresentation with the intention to mislead, it will result in my application being rejected and I will be reported to the Fitness to Practise Directorate and any other medical regulatory authority with whom I hold registration.
5. The information given on this form is true, complete and accurate and that no information requested or other relevant information has been omitted.
6. I understand that if I do not follow the guidance on patient and colleague confidentiality my application may be adversely affected or delayed, and my application could be rejected.
7. I have enclosed all of the appropriate documentation (listed above).

## Your signature

Please sign and date below to confirm all of the above declarations.

Signature			
Date	dd	mm	yyyy