

You should use this form if:

- You hold specialist registration with the GMC

And

- You have completed training or have achieved a qualification in a recognised sub-specialty of one of the main specialties listed for you in the specialist register.

Before you submit your application please make sure you have read the following sections of our website:

- [About](#) sub-specialty recognition
- [Guidance](#) on applying for sub-specialty recognition.

For office use only

Application ID:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date review received:

**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 3AW.**

**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		

\*If you are registered with the GMC you must make sure your name matches your entry on the [Register](#).

**Your contact details**

Full address			
Postcode		Country	
Home telephone	Work telephone	Mobile telephone	
Email address			

**Your specialty training**

Please tell us your specialty on the GMC Specialist Register and the date that specialty was entered onto your record on the Specialist Register.

If you have more than one specialty on the Specialist Register, please only state the one that is the parent specialty of the sub-specialty you are applying in.

Specialty			
Date of entry	dd	mm	yyyy

Please tell us the name of the sub specialty that you are applying in.

Sub specialty	
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Please tell us the name and dates of the sub-specialty training programme you have completed and the country you completed it in.

Name of training programme			
Start date	dd	mm	yyyy
Date completed	dd	mm	yyyy

## Checklist

Please make sure you read the <b>sub specialty recognition guidance</b> document before submitting your application and ensure you submit the following:	
1. Current curriculum vitae (please see our <a href="#">CV guidance</a> )	<input type="checkbox"/>
2. Evidence of assessments and appraisal	<input type="checkbox"/>
3. Logbook evidence	<input type="checkbox"/>
4. The curriculum you followed during your sub specialty training	<input type="checkbox"/>
5. An enrolment letter	<input type="checkbox"/>
6. Job description/job plans	<input type="checkbox"/>
7. A certificate confirming you have completed the sub specialty training programme	<input type="checkbox"/>
8. Testimonial letters	<input type="checkbox"/>
9. A cheque for the fee ( <a href="http://www.gmc-uk.org/doctors/fees/index.asp">www.gmc-uk.org/doctors/fees/index.asp</a> ) or <b>contact us</b> to pay over the phone.	<input type="checkbox"/>

You can find guidance on authentication, validation and anonymisation in our [important notice about evidence](#).

## Final Declaration

I agree to:

1. the General Medical Council (GMC) making any other enquiries it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent that the GMC ask to carry out checks on its behalf, making any necessary checks to verify the information I have given
3. enquiries being made before and while I am registered, including enquiries overseas which may involve the transfer of my personal data outside the European Economic Area
4. the recipient of any enquiries providing the information requested
5. my personal data being given to my referees, government bodies and other third parties as may be reasonable necessary

The information I provide in my application is correct and true.

I understand that if I have made a false declaration, or provided false information or documents to support my application, the GMC may withhold or remove my registration and licence to practise and report the matter to the police.

I understand that to protect the public, the GMC may share my registration and licensing information with UK and international regulators and law enforcement organisations.

I understand that if my application is granted my name will be entered onto the Specialist Register or the GP Register as appropriate.

I have read [Good medical practice](#) and understand my actions may be judged against the standards and principles it contains.

I have in place, or will have in place, at the point at which I practise in the UK, insurance or indemnity arrangements appropriate to the areas of my practice

I confirm I agree with the statements in the Final Declaration

Signature

Date

dd

mm

yyyy