

CN9

Form for reapplying for entry onto the Specialist Register or GP Register with a Certificate of Eligibility for Specialist Registration (CESR) or a Certificate of Eligibility for GP Registration (CEGPR).

General
Medical
Council

Regulating doctors
Ensuring good medical practice

You should use this form if you :

- have previously made an unsuccessful application for entry onto the Specialist Register or GP Register with a Certificate of Eligibility for Specialist Registration (CESR) or a Certificate of Eligibility for GP Registration (CEGPR)

And

- want us to reconsider the decision you received based on evidence that has not yet been seen or evidence that you have since obtained because you have completed the top up training that was recommended in the original decision.

The GMC is a charity registered in
England and Wales (1089278) and Scotland (SC037750)

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

- [Reviews, reapplications and appeals](#)
- [Guidance on how to reapply](#)
- [Top up training](#)
- [Specialty specific guidance](#)

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

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 original application

Application ID		Date of decision letter	dd	mm	yyyy
Specialty					

GMC reference number		Date of birth	dd	mm	yyyy
Full name					

Your contact details

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

Your specialist qualifications

Please list all the specialist postgraduate medical qualifications or other relevant qualifications that you have gained since your original application below. If the qualification was awarded outside the UK you will need to provide an authenticated certificate or other evidence.

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

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

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

Posts held

Please provide details of all the posts you have held since your original application. Start with the most recent and work backwards.

If you have worked overseas, please do not amend your overseas post title to correspond to a UK title – instead, please tell us the title you actually held.

Some examples of what we mean by post titles are SHO, Registrar, Staff Grade, District Medical Officer and Resident.

1	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)						%		
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

2	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)						%		
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

3	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)						%		
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

Posts held (continued)

4	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)								%
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

5	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)								%
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

6	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
If part time, percentage of whole time equivalent (wte)								%
Post title								
Specialty								
Name, address, and country of institution or hospital.								
Name of supervisor								
Supervisor's post title								

Gaps in your experience

Please explain any periods where you were not employed or contracted in a medical post during the period covered by the posts you have listed in **posts held**.

You must give a brief explanation for each period. Some examples of gaps in experience are illness, sabbatical or career break, maternity leave or suspension.

1	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
	Explanation							

2	Start date	dd	mm	yyyy	Finish date	dd	mm	yyyy
	Explanation							

Referees

Please provide the details of two referees who have direct knowledge of the additional experience you have gained since your original application. Please provide your supervisor in your current post for your first referee.

1	GMC reference number	
	Title (Dr, Mr, Mrs, etc)	
	Family name or surname	
	First name	
	Post title	
	Institution or hospital	
	Postal address (including city, postcode and country)	
	Work email address	

2	GMC reference number	
	Title (Dr, Mr, Mrs, etc)	
	Family name or surname	
	First name	
	Post title	
	Institution or hospital	
	Postal address (including city, postcode and country)	
	Work email address	

Evidence submitted in support of your application

In this section of the form you must state the recommendation you would like us to review. Please state the period of training that we recommended and the fields it covers. And/or please state the documentation we recommended that you need to supply to demonstrate the required standard.

Then please list the additional documents you wish to submit and also explain in the comments box how you consider you now meet the required standard.

You can do this by providing documentary evidence that you have completed training, assessments and examinations or any of the other recommended actions set out in your decision letter.

You may also be able to demonstrate that you had previously fulfilled these requirements by providing documentary evidence acquired before your original application but that you did not submit at the time.

If you have any comments that you do not consider relate to a specific recommendation, you can state these in the **additional comments** section.

Recommendation 1

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

Comments (please state how you consider you have fulfilled the recommendation)

Recommendation 2

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

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Comments (please state how you consider you have fulfilled the recommendation)

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Recommendation 3

Please insert below the recommendation as written in the evaluation form or in your decision letter

Period of additional training (if any) and fields to be covered by it

Documentation, examination, assessment or other test of competency to satisfactorily demonstrate the standard required

Please list the additional documentary evidence you have included below

Comments (please state how you consider you have fulfilled the recommendation)

Additional comments

Please state below any additional comments that you do not consider to relate to a specific recommendation

Declaration of fitness to practise

<p>Do you have any cautions or convictions, which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a court of law in the UK or in any other country?</p> <p>You must include:</p> <ul style="list-style-type: none"> Any cautions or convictions in the UK or another country that have been spent under the Rehabilitation of Offenders Act 1974 UNLESS they are a 'protected' conviction or caution See our guidance for details at www.gmc-uk.org/SpentConv/. Any road traffic convictions or cautions UNLESS they are a 'protected' conviction or caution See our guidance for details at www.gmc-uk.org/SpentConv/. Any offences for which you have been convicted in a military court or tribunal. 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2 Have you ever been issued with a fixed penalty notice in the UK or another country? (You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3 Have you ever been issued with a penalty notice for disorder, or harassment notice, in the UK or another country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4 Have you ever been suspended from duty, or had a complaint upheld or your registration or licence to practise removed while working as a medical practitioner, or health or social care professional, in the UK or another country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5 Have you ever been refused registration or a licence to practise by any medical, health or social care regulator in the UK or another country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>6 Have you ever been fined, given a warning or reprimanded by any medical, health, social care or any other regulator in the UK or another country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>7 Having read our health guidance (www.gmc-uk.org/HealthDec/), is there anything you need to tell us about your physical or mental health?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>8 Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness to practise as a doctor in the UK?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>9 Have you ever entered into a settlement as a result of medical malpractice or a negligence claim?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10 Has a medical school or university ever taken any form of disciplinary action and/or fitness to practise procedures against you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>11 Has an employer ever taken disciplinary action against you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>12 Do you know of any reason why the medical regulatory authority in any of the countries where you have worked since qualifying as a doctor would refuse to grant you a certificate of good standing?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>13 Are there, or do you know of, any current or future proceedings or other matters that might lead to your registration or licence to practise in any country being removed, suspended or restricted in any way?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

If you have answered Yes to any of the questions, you must provide full details on a separate sheet or email.

If you have any cautions or convictions issued by a court of law, and these are not protected under the amendment to the Exceptions Order 1975 you must tell us the date of the caution or conviction, the name and address of the court or police authority and what penalty was imposed.

If this declaration is more than three months old, we may ask you to complete a new one before we grant your application.

If your personal circumstances change in ways that affect this declaration, you must complete a new Declaration of Fitness to Practise immediately.

If you do not provide accurate and truthful information, we may refuse your application.

Please read our guidance on the declaration of fitness to practise at www.gmc-uk.org/ftpdec before you continue. When answering FTP1, please do not disclose any information about cautions and convictions that are protected. If you are unsure whether an issue is relevant when answering all other questions you should disclose the information and provide full details.

Final declaration

In making this application, I agree to:

1. the General Medical Council (GMC) making any other enquiries that it considers appropriate to establish my fitness to practise
2. the GMC, their representatives, and any other agent that the GMC shall from time to time engage to carry out the checks on its behalf, making checks on my employment and qualifications, verifying the information I have given, conducting background enquiries and asking for, and checking, personal academic and employer references
3. enquiries being made before and while I am register, 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 reasonably necessary.

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

I understand that if I make a false declaration, or give false information or provide false documentation in my application, or to support it, the GMC may withhold or remove my registration and licence to practise and/or 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 confirm I have read [Good medical practice](#) and understand my actions may be judged against the standards and principles it contains.

Your signature

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

Signature			
Date	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>

Checklist

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

1. Current curriculum vitae (please see www.gmc-uk.org/doctors/cct_cv.asp for guidance)
2. Any additional documentary evidence you wish to submit in support of your application
3. A cheque for the fee (www.gmc-uk.org/doctors/fees/index.asp)