

Form for applying for entry onto the Specialist Register or GP Register with a Certificate Completion of Training

You should use this form if you are eligible to apply for entry onto the Specialist Register or GP Register with:

- a Certificate of Completion of Training

but you are unable to apply online because it is over 12 months since your completion of training date.

- If you hold a Certificate of Completion of Training (CCT), Certificate of Completion of Specialist Training (CCST), Certificate of Eligibility for Specialist Registration (CESR) or Certificate of Eligibility for GP Registration (CEGPR) by the PMETB or STA between 12 January 1996 and 31 January 1997, please contact us and request form CN22.
- If you were appointed to a substantive, honorary or fixed term consultant post in the NHS or the Armed Forces prior to 1 January 1997, please contact us and request form UD3.

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

- [About CCTs](#)

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

To see the levels of information we share with different parties, please see our privacy policy at www.gmc-uk.org/privacy/.

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

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

Section 1 - Your personal details

GMC reference number		Title (Dr, Mr, Mrs, etc.)			
Family name or surname*					
First name*					
Other names*					
Date of birth	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>	Gender	

* You must make sure your name matches your entry on the Register. If it does not match then please contact us.

Your contact details

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

Your specialty training

1 st specialty					
Date training programme completed	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>		
2 nd specialty					
Date training programme completed	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>		
3 rd specialty					
Date training programme completed	<input type="text" value="dd"/>	<input type="text" value="mm"/>	<input type="text" value="yyyy"/>		

If you have completed an approved sub-specialty training programme, please tell us the name of your sub-specialty.

Sub-specialty	
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Section 2 – Posts held

Please provide details of all the posts you have held since leaving training. 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.

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								

Section 3 - Evidence in support of your application

Your application will be considered by an assistant registrar. They will review all evidence supplied alongside your application. You may wish to supply some of the documents listed below. Please indicate the evidence you plan to submit by marking the right hand column below. We will check that we have received all of this before making a decision.

1. Evidence that you completed an approved training programme. This might include:		
a	A RITA G form	<input type="checkbox"/> YES <input type="checkbox"/> NO
b	An ARCP form showing an outcome 6	<input type="checkbox"/> YES <input type="checkbox"/> NO
c	A letter from your postgraduate deanery or LETB confirming successful completion of an approved training programme	<input type="checkbox"/> YES <input type="checkbox"/> NO
d	A letter from your royal college or Faculty confirming successful completion of an approved training programme	<input type="checkbox"/> YES <input type="checkbox"/> NO
e	Other (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Evidence of your current competence. This might include:		
a	Letter from your employer confirming your current position and duties	<input type="checkbox"/> YES <input type="checkbox"/> NO
b	Job plans	<input type="checkbox"/> YES <input type="checkbox"/> NO
c	Employment contracts	<input type="checkbox"/> YES <input type="checkbox"/> NO
d	Explanation of any breaks in practice since leaving training	<input type="checkbox"/> YES <input type="checkbox"/> NO
e	The names of two medical referees whom the GMC can contact to seek a structured report regarding your knowledge and skills. If you wish to provide this, please complete section 4 overleaf	<input type="checkbox"/> YES <input type="checkbox"/> NO
f	Other (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Information regarding the delay in application		
a	Statement explaining why you did not apply for specialist / GP registration within 12 months of leaving training	<input type="checkbox"/> YES <input type="checkbox"/> NO
b	Evidence to support any reason you were unable to apply	<input type="checkbox"/> YES <input type="checkbox"/> NO
c	Other (please specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section 4 – referee details

Please supply the details of referees that the GMC can contact for information regarding your knowledge, skills and performance. We would suggest that the first referee is your current clinical director, and the second a doctor who works with you in a supervisory capacity in the specialty of application.

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

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

Section 5 - Fitness to practise - your health

We need to ask you about your health, which in some cases might include a disability. We need to know whether your health could affect your fitness to practise. Just because you tell us something about your health it does not necessarily mean that your fitness to practise is impaired. By telling us we will be able to assess and confirm that you are fit to practise or in a small number of cases we may need to make further investigations.

You **must** read our [guidance on declaring health issues](#) which includes [the relevant section of *Good medical practice*](#).

Please tick to confirm you have read and understood the guidance on declaring health matters

Code Please complete the declarations below by circling your answer **YES** or **NO** for each question.

H 1	I have, or have had, a health condition(s) which required me to change one or more aspect(s) of my medical training or practice, to enable me to work safely with patients or to continue my training.	YES NO
H 2	I have, or have had, a health condition which has resulted in an interruption to or breaks in my medical practice or studies, including retaking any part of my course or assessments/exams.	YES NO
H 3	I have, or have had, a health condition(s) which has resulted in conditions being placed or undertakings being agreed in relation to my medical practice, training or registration.	YES NO
H 4	I have, or have had, a health condition(s) which has been considered under fitness to practise proceedings whether in the UK or overseas	YES NO
H 5	Is there anything about your physical or mental health which could prevent you meeting the standards described in our guidance?	YES NO

If you answered Yes to any of the above questions, please give details, under the relevant headings below, on the supplementary information sheet at the end of this form.

- The nature of your mental or physical health condition or disability where relevant.
- Where changes were required who advised you to make them (It may have been your medical school, foundation school, an Occupational Health Service, your treating physician or someone else) and whether you initiated the process of deciding on adjustments.
- Brief details of the changes you were advised to make. If you asked for changes yourself, please also provide details
- Whether you have complied with the required/recommended changes
- Brief details of any interruptions/breaks in your medical practice or studies, including duration and the arrangements for your return
- Brief details of any conditions/undertakings placed on your medical practice, training or registration
- The body or organisation that imposed those conditions or undertakings
- The duration of any conditions or undertakings and whether they are still in place or how they were resolved
- Details of any fitness to practise proceedings relating to your health condition whether in the UK or overseas (including the organisation(s) involved). This includes medical school fitness to practise procedures or equivalent.

We will contact you if we need more information.

Section 6 - 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? You must include:</p> <p>1</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><input type="checkbox"/> YES <input type="checkbox"/> NO</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><input type="checkbox"/> YES <input type="checkbox"/> NO</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><input type="checkbox"/> YES <input type="checkbox"/> NO</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><input type="checkbox"/> YES <input type="checkbox"/> NO</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><input type="checkbox"/> YES <input type="checkbox"/> NO</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><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>7 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><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>8 Have you ever entered into a settlement as a result of medical malpractice or a negligence claim?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9 Has a medical school or university ever taken any form of disciplinary action and/or fitness to practise procedures against you?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>10 Has an employer ever taken disciplinary action against you?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11 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><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12 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><input type="checkbox"/> YES <input type="checkbox"/> NO</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.

Section 7 - Final declaration

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 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 reasonably 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.

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"/>

Please send this form, along with all of the evidence you stated you would supply in section 3, to General Medical Council, Specialist Applications Team, 3 Hardman Street, Manchester M3 3AW. You will also need to pay the current fee for a CCT application. You can find more information about fees on our website (www.gmc-uk.org/doctors/fees/index.asp).