



Please attach
two photos
1" x 1"

APPLICATION FOR LICENSE TO PRACTICE AS A HEALTH PROFESSIONAL

(please tick one)

Doctor

- ☐ Resident
☐ Senior resident
☐ Specialist
☐ Consultant

Dentist

- ☐ Resident
☐ Senior resident
☐ Specialist
☐ Consultant

Nurse

- ☐ General nurse
☐ Practical nurse
☐ Specialist nurse
☐ Midwife

Allied

- ☐ Dental hygienist
☐ Dietician
☐ ECG technician
☐ Laboratory technician

Allied (cont.)

- ☐ Nuclear medicine technician
☐ Optometrist
☐ Physiotherapist
☐ Prostetist
☐ Public health inspector
☐ Radiographer
☐ Respiratory technician
☐ Speech/audio therapist
☐ Other: _____

Speciality (please specify if applicable) _____

1. Personal details

Full name (as it appears in passport) _____

Previous name (if different from above) _____

Address _____

Tel no. (residence) _____ Mobile no. _____

Tel no. (business) _____ Fax no. _____

E-mail _____

CPR no. (if you have one) _____

Passport no. _____

Country of issue _____

Date of birth

--	--	--

Day Month Year

Gender

- ☐ Male
☐ Female

Marital status

- ☐ Single
☐ Married
☐ Other: _____

Nationality

- ☐ Bahraini
☐ Other: _____

Language proficiency

- ☐ English
☐ Arabic
☐ Other: _____

Prospective employer/sponsor _____

Address _____

Contact name _____

Tel no. (business) _____ Fax no. _____

Mobile no. _____ E-mail _____

2. Educational background

Please answer sections 2.1–2.3 regarding your level of education.

2.1. General education

Please specify if you have completed secondary school, i.e., 12 years general education.

- ☐ Yes
- ☐ No, highest level attained: _____

Year of graduation _____

2.2. Professional education

Please list in chronological order (starting with most recent) your professional education. Attach additional sheets if necessary.

Name and address of University/Institution	Program	Year started	Year completed	Qualification or degree obtained

2.3. Continuing education

Please list in chronological order (starting with most recent) programs of continuing education (e.g., workshops, in-house training, etc.) that you have attended within the last 5 years only.

Name and address of University/Institution	Program/course	No. of days	Date of attendance	Qualification or certificate obtained

3. Work experience

For health professionals who have obtained their degrees outside Bahrain, please list in chronological order (starting with most recent) work experience you have obtained following completion of professional education.

Employer name and address	Type Government (G), Private (P), Other (O)	Area of experience/ specialty	Position held	From	To
				M/Y	M/Y

4. Licensure in other countries

For health professionals who have obtained their degrees outside Bahrain, please list all licenses which you hold in other countries.

Country	License authority	Type of license	License number	Issue date	Expiration date

5. Declaration

I, the undersigned, certify that I am the person referred to in the foregoing application for registration as a _____ in the Kingdom of Bahrain, and that the statements herein are true to the best of my knowledge and belief.

I further affirm that I am of good physical and mental health and of good moral character and I will keep the Bahrain licensure authority informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

I hereby authorize the Bahrain licensure authority to request any information, files or records to be released from relevant licensing authorities, educational facilities, and previous and past employers in connection with the processing of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind and I declare under penalty of perjury that my answers and all statements made herein are true and correct. Should I furnish any false information in this application, I understand that such act shall constitute cause for denial, suspension or revocation of my license to practice in the Kingdom of Bahrain.

Signature

Date

6. Documents required

Please use the following checklists to make sure that you have submitted all necessary documents.

6.1. Attached documents

Copies of the following items are attached:

- | | |
|--|--|
| <input type="checkbox"/> CPR card* | <input type="checkbox"/> General education certificate (secondary school) |
| <input type="checkbox"/> Front pages of passport | <input type="checkbox"/> Professional education certificate |
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Transcript of professional education |
| <input type="checkbox"/> Statutory evidence of any name change | <input type="checkbox"/> Registration/license in other country (if you have one) |
| <input type="checkbox"/> Health fitness certificate* | <input type="checkbox"/> CV (if you obtained your degree outside Bahrain) |
| <input type="checkbox"/> Employer letter | <input type="checkbox"/> Other: _____ |

* May be submitted upon arrival to Bahrain

Please also attach 2 passport photographs (1" x 1").

6.2. Requested documentation

For health professionals who have obtained their degrees outside Bahrain only, forms have been sent to the following:

- ☐ Licensing authority _____
- ☐ School/college _____
- ☐ Two references _____