

GHANA MEDICAL ASSOCIATION
REQUIREMENTS FOR REGISTRATION

1. Please **complete every part** of the form and attach **photocopy** of the following:
 - i. **BSC , BDS and MBChB** Certificates
 - ii. **Medical & Dental Council's** Provisional Certificate/Receipt
 - iii. **Medical & Dental Council's** Permanent Registration Certificate
 - iv. **Two (2) same** Passport size photograph

2. Form should be endorsed by Divisional (Regional) Chairman or Secretary

3. Fill the I.D. Card form attached

4. Registration fee of Forty Cedis (**GH¢40.00**) to be paid when submitting the completed form

****Submission of Completed Forms****

Members in (Ashanti, B/A, Central, Eastern, Northern, Upper East, Upper West, Volta and Western Region) should submit their completed forms to their Division through the Divisional (Regional) Chairman/Secretary

*Members in **Greater Accra** should submit to the National Secretariat.*

THANK YOU!

Working History

Hospital/Clinic	Address	Position	Date (From-To)

GMA – Position & Appointment

Position/Appointment	National/Divisional	Dates (From-To)

Date Registered with Medical & Dental Council (M. D. C.).....

Date of Registration with G. M. A.

Applicant Signature..... Date.....

Approved by Divisional (Regional) Chairman or Secretary

Name..... Signature..... Date.....



GHANA MEDICAL ASSOCIATION

I. D. CARD PROCESSING AND RENEWAL FORM

Name:

Department & Hospital/Clinic Address:

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Application Date:

Signature:

I. D. Card No. GMA/..... /..... /.....

Expiry Date: DEC. 2023