

IS THE SCHOOL WHERE THE APPLICANT STUDIED LISTED IN THE AVICENNA DIRECTORIES

YES

NO

**THE APPLICANT CANNOT BE REGISTERED BY SMDC**

IS THE APPLICANT REGISTERED IN THE COUNTRY WHERE HE OBTAINED HIS MEDICAL OR DENTAL DEGREE?

YES

NO

IS THE APPLICANT A RETURNING SEYCHELLOIS GRADUATE NOT HAVING DONE HIS/HER INTERNSHIP?

YES

NO

Submit the following to SMDC

1. PASSPORT SIZE PHOTOGRAPH (ONE)
2. COPY OF PASSPORT OR NATIONAL IDENTITY CARD SHOWING FULL NAME
3. CERTIFIED COPIES OF ALL DEGREES, DIPLOMAS AND CERTIFICATES
4. TRANSCRIPTS (IF NEWLY QUALIFIED DOCTOR)
5. CERTIFICATE OF GOOD STANDING FROM COUNCIL WHERE PREVIOUSLY REGISTERED
6. TWO REFERENCES FROM PLACES WHERE THE DOCTOR WORKED PREVIOUSLY
7. PROOF OF KNOWLEDGE OF ENGLISH, FRENCH OR CREOLE

IS THE APPLICANT REGISTERED TO PRACTICE IN ANOTHER COUNTRY WHOSE REGISTRATION SYSTEM IS RECOGNIZED BY SMDC?

Yes

NO

**THE APPLICANT CANNOT BE REGISTERED IN SEYCHELLES BY SMDC**

SMDC REGISTRATION PATHWAY

Acceptable proof of knowledge of English, French or Creole is:

1. Ability to hold a normal conversation fluently in one of the national languages during a STRUCTURED language test interview with an SMDC nominated panel plus
2. Ability to write English, French or Creole comprehensibly during the language test interview

Language test interviews will not be required for (1) native English speakers, (2) native French speakers and (3) applicants where French or English are the medium of instruction where the applicant studied or lived for at least five

The SMDC REGISTRATION PROCESS SHOULD TAKE A MAXIMUM OF TWO WEEKS IF ALL THE PAPERS ARE IN ORDER.

ALL APPLICATIONS SHOULD BE ACCOMPANIED BY A PROCESSING FEE ACCORDING TO THE FEES TABLE (SEE FEES TABLE)

APPLICATIONS CAN BE LOGGED ON BEHALF OF AN APPLICANT BY A PROSPECTIVE EMPLOYER. IF THAT IS THE CASE, THERE WILL BE AN AGENCY FEE OF 200 RUPEES. THAT FEE DOES NOT COME INTO FORCE IF THE APPLICANT LODGES HIS /HER APPLICATION FOR REGISTRATION HIMSELF/HERSELF.

ALL REGISTERED MEDICAL PRACTITIONERS AND DENTISTS MUST PROVIDE SMDC WITH THEIR FULL RESIDENTIAL ADDRESS, THEIR FULL WORK ADDRESS, THEIR CONTACT TELEPHONE NUMBER AND THEIR E-MAIL ADDRESS FOR ITS RECORDS. CHANGES TO THIS INFORMATION MUST BE NOTIFIED TO SMDC.

ALL MEDICAL AND DENTAL PRACTITIONERS WHO ARE FIT FOR REGISTRATION MUST, UPON REGISTRATION ABIDE BY THE GMC-UK CODE OF MEDICAL PRACTICE WHICH SMDC HAS ADOPTED. REGISTERED MEDICAL AND DENTAL PRACTITIONERS WILL BE REQUIRED TO READ THE CODE AND TO SWEAR ALLEGIANCE TO IT BY INITIALING ON EACH PAGE OF A COPY OF THE CODE AND SIGNING ON THE LAST PAGE OF A COPY OF THE CODE BEFORE REGISTRATION IS FINALIZED.

FAILURE TO ABIDE BY THE CODE WILL CONSTITUTE CAUSE FOR DISCIPLINARY ACTION BEFORE THE SMDC DISCIPLINARY COMMITTEE.

**COUNTRIES WHOSE REGISTRATION SYSTEMS ARE GENERALLY RECOGNIZED BY SMDC. THIS DOES NOT MEAN THAT APPLICANTS FROM THESE COUNTRIES WILL RECEIVE AUTOMATIC REGISTRATION.**

- ALL EUROPEAN UNION COUNTRIES
- ALL AFRICAN UNION COUNTRIES
- ALL SADC COUNTRIES
- ALL COMMONWEALTH COUNTRIES
- ALL COUNTRIES OF THE FORMER SOVIET UNION
- CHINA
- JAPAN
- USA
- CUBA

