Medical and Dental Council
Renewal Application Checklist

Applicant's Name: **Cert Exp.:**

Profession: **Reg. Type: PL, IL, ProvL**

Date:	**Completed by:**		**Fees Charge:**
Expedited Fees (HP Act HP Act Schedule 2 (4) a, b, c 2026 Revision) ☐ *Emergency $ 1000.00 (to be processed within 24 hours "AFTER" the application is reviewed and accepted by the Registrar)* ☐ *Urgent $ 800.00 (to be processed within 3 business days "AFTER" the application is reviewed and accepted by the Registrar)* ☐ *Express $ 650.00 (to be processed within 7 business days "AFTER" the application is reviewed and accepted by the Registrar)*			☐ Registration & Practicing Fee CI$_____ Total Months _____ ☐ Expedited Fee CI$ _____ ☐ Late Fee CI$ _____ Total Fees: CI$ _____

1	Passport-size photograph	☐ Dated:	**Comments:**
2	Application Form – Form B	☐	
3	Registry Maintenance Admin Form [RMAF]	☐	
4	Conduct Statement form	☐	
5	CME Summary Form & Copies of Certificates†	☐ ☐† #_____	
6	Mal Practice Insurance	☐Exp. date:	
7	Online Payment	☐Bank: ☐Payment date: ☐Ref No:	