



Comhairle na nDochtúirí Leighis  
Medical Council

## CERTIFICATE OF CURRENT PROFESSIONAL STATUS REQUEST FORM

PLEASE COMPLETE EACH BOX AND WRITE LEGIBLY IN BLOCK CAPITALS

<b>DATE OF BIRTH</b> <i>(for identification purposes)</i>	<b>PLEASE USE THE FORMAT DD/MM/YYYY</b> <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>SURNAME</b>									
<b>FIRST NAME</b>									
<b>PHONE NUMBER</b>									
<b>EMAIL ADDRESS</b>									
<b>POSTAL ADDRESS</b>									
<b>ADDRESS CERT SHOULD BE SENT TO (IF DIFFERENT FROM ABOVE)</b>									
<b>OTHER DOCUMENTS REQUIRED</b>									

