

## DECLARATION FORM FOR VISITING EEA PRACTITIONERS

*Declaration to be completed, in accordance with Article 7 of EU Directive 2005/36/EC (section 17 of SI 139 of 2008), that a medical practitioner intends to provide temporary or occasional services relating to medical practice in Ireland.*

Affix Recent  
Passport  
Photo here

I, (name) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

DECLARE that I intend to provide temporary and occasional services relating to medical practice in Ireland at (location):

\_\_\_\_\_

from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

and \_\_\_\_\_ to \_\_\_\_\_

and \_\_\_\_\_ to \_\_\_\_\_

for the purpose of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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I also declare that:

- I have never been convicted in a court of law on a drunken driving or any other criminal charge; and
  - I have never been declared a bankrupt or had a Charge/Judgment made against me; and
  - I do not now nor have I ever suffered from a relevant medical disability that might affect my competence as a medical practitioner; and
  - I have never been treated for alcohol or drug dependence; and
  - I have never been required to undergo remediation/retraining following an assessment of my competence/performance as a medical practitioner by a registration authority or other body responsible for conducting such assessments; and
  - No other registration authority has ever refused to grant me registration to engage in the practice of medicine as a registered medical practitioner; and
  - I have never been deported and/or excluded from any country; and
  - I have never been the subject of disciplinary proceedings or a complaint nor are there any proceedings or complaints in progress or pending now by an authority with whom I am or was registered as a medical practitioner; and
  - My name has never been erased/suspended/removed from a register maintained by any registration authority with whom I am or was registered, including erasure for non-payment of fees.
- I enclose evidence of my current professional indemnity insurance cover or other means of personal or collective protection with regard to professional liability.

\*If the Declarant cannot tick any of the above boxes, please attach a written statement explaining why you have excluded the statement(s) from your Declaration, providing any documentary evidence in support of your explanation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

- NOTE: If the applicant intends practising medicine on more than one occasion:**
- If it will be for the same purpose each time, they should indicate on this form the dates of each period of practice.
  - If it is for a different purpose, they should fill out a separate form for each period of practice.