



MALDIVES ALLIED HEALTH COUNCIL
MINISTRY OF HEALTH
REPUBLIC OF MALDIVES



Maldives Allied Health Council
passion for excellence - nurturing trust

APPLICATION FOR PRE-REGISTRATION FOR FOREIGN APPLICANTS

Pre-Registration No.....

1. Requested Allied Health Professional title Please refer to list of registered allied health professional titles registered with the council. List is available from www.health.gov.mv

2. Identification	
Full name (as shown in passport)	Space for applicants recent passport size photo
Passport no	
Date of Birth	
Nationality	
Gender	
Email	
Telephone No	
Address for correspondence	

3. Health professional qualifications						
Name of Qualification	Delivering Institute	Awarding Institute	ODL* mode Y/N	Start date	Date of Passing	Recognizing body

*ODL. If the course contains any Open and Distance Learning components, mark Yes or No. Fully ODL or vocational courses are NOT recognized.

4. Professional work experience and periods unemployed and periods unemployed						
Employer	Start date	End date	months	Position held	Job Responsibilities	Phone number and email of supervisor

Periods within the last 4 years when you were not employed as an allied health professional

Start date	End date	Start date	End date

5. Details of professional registration in a professional body

Name of professional body in home country..... registration number.....

Name of professional body outside home country.....registration number.....

6. Other supporting information about your professional work if any

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7. Questions for the applicant. Attach supporting documents when providing details

<p>A. Was your application rejected from the Maldives Allied Health Council or Maldives Board of Health Sciences anytime in the past? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>B. Has Maldives Allied Health Council or Maldives Board of Health Sciences taken any disciplinary action against you in the past? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>C. Do you have any physical, medical, mental or communicative impairment that may affect your practice as an Allied Health Professional? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>D. Have you ever been treated for alcohol or substance abuse? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>E. Have you ever been denied registration or license to practice in your allied health professional field by any regulatory authority? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>F. Has your registration or license to practice in a regulatory authority ever been revoked, suspended, restricted ,or conditioned? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>G. Have you ever been investigated by a regulatory authority, professional body, the police or your employer in your country or in Maldives for professional misconduct as an allied health professional or improper conduct that may bring disrepute to your profession? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>H. Have you ever been a defendant in any malpractice lawsuit,, had any malpractice settlement or have any pending? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>
<p>I. Have there ever been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery or domestic abuse? If yes provide details.....</p>	<p><input type="checkbox"/>yes <input type="checkbox"/>no</p>

8.Supporting documents

Agent channeling this application (section 11) and the applicant must ensure that certified true copies of the following documents are attached and in the following order.

Docu ment set	Attached. Yes / no	Document detail
I		A certified copy of the relevant pages of your passport (the ones which show your date of birth, nationality and photograph). Evidence of any name change (e.g., deed poll, marriage certificate) if applicable
Q		Qualification certificate(s). Only certified copies of allied health professional qualifications relevant to requesting title need to be submitted.
M		Mark sheet(s) for various semesters or years of the qualification. A consolidated transcript
X		Documents certifying to professional experience. Cumulative professional experience of two years in a professional role is required. A part of this experience should fall within the recent two years.
P		Professional Registration at other councils or other equivalent bodies. Professional Registration from private bodies or associations not recognized by this council should not be submitted.
E		Proof of English language competency. If English is not your first language or if your academic studies were not taught and examined in English you will need to provide the IELTS, TOEFL or similarly recognized certification test results. In case of official IELTS test result the overall score required is 5.5 with a minimum of 5 in each band. Test results must be obtained within two years prior to applying for registration and must be obtained in one sitting. The Council may also require you to attend an interview in order that further evidence of your English communication abilities can be obtained. If your qualifications were taught in English please provide documentation from the university confirming this. If proof of English language competency is not submitted, applicant may have to undergo a competency assessment decided by council.
O		Other documents <ol style="list-style-type: none"> 1. Copy of any pre-registration rejected by this council 2. Record of any disciplinary action by this council or previous Maldives Board of Health Sciences 3. Any Certificate of Good Standing issued by this council 4. Any document in support of Section 7

9. Important notes:

1. Maldives Allied Health Council (MAHC) derives its mandate to register allied health professionals under the Health Professionals Act 13/2015. Foreign nationals intending to work as Allied Health Professionals for a specific contract periods under Employment Approvals of Maldives Immigration, recognition of their educational qualifications and trained institutions will be done as per *Standard for acceptance of qualification, professional experience and professional recognition of foreign allied health professional applicants* (available from health.gov.mv) upon application for pre-registration.
2. Documents in foreign languages other than English shall be submitted together with the certified English translations and original copies of the documents. The Maldives Allied Health Council will accept notarization by (i) the institute that issued the original certificate; (ii) any Embassy or Consulate of the country that issued the original certificate; and (iii) a government institute of the country that issued the original certificate.
3. All documentation should be complete and the submitted documents should be clear and legible. The Allied Health Council will not accept illegible, unclear or incomplete applications and will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
4. The Maldives Allied Health Council may also require the Allied Health Professional to submit any other documents for evaluation of his/her application.
5. If efforts to verify professional qualifications or professional work experience is unsuccessful based on the contact details provided, the pre-registration application will be rejected.

10.Declaration by applicant

- I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal action, which may include but not limited to criminal prosecution.
- I also agree to abide by the terms of pre-registration and agree to participate in any competency assessments of Maldives Allied Health Council including not practicing during the competency assessment period
- I will provide the Maldives Allied Health Council with any such further information as it may require and further authorizes the council to make queries as necessary
- I do not have a mental or physical condition that renders me unable to perform the functions required for practice as an Allied Health Professional
- I know of no information that could cause the Maldives Allied Health Council not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered
- I agree to adhere to the *Standards of Conduct, Performance and Ethics* and the *Scope of Practice* set by the Maldives Allied Health Council for the professional title under which I may be registered.

Name of the Applicant:..... Signature of applicant: date: dd/mm/yyyy

11. Agent who is channeling this application on applicant's behalf. Agent can be an employment agency or a prospective employer

Name of an employment agency or a prospective employer

Contact person and designation.....phone number.....email address.....

Name of health establishment where applicant will be employedMOH registration number.....

12. Declaration by Agent channeling this application

I declare that all information provided by applicant herein is true to the best of my knowledge and I understand that if falsified information was supplied with this application, it would result in an administrative penalty.

Name of representative of Agent channeling this application:

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Signature: date: *dd/mm/yyyy* Stamp

For office use only

*Applications should be submitted to
Maldives Allied Health Council,
Ministry of Health,
Roashanee Building, Sosun Magu, Male',
Republic of Maldives
Telephone: +960 3014480
Email: mahc@health.gov.mv*