



MALDIVES ALLIED HEALTH COUNCIL
MINISTRY OF HEALTH
REPUBLIC OF MALDIVES



Application Form for Recognition of Allied Health Programmes at Foreign Institutes

Applicant's Information	
Full Name	
Permanent Address	
Mobile No	
ID Card No	
E-mail	
Current Registration number in MAHC if holding registration	

Programme for MAHC recognition	
Name of the programme	
Intended profession title after completion of the programme	
Entry criteria	
Level of qualification	
Programme duration	
Programme Commencing Date	
Programme Ending Date	
Name of the Institute and Country	
Name of Awarding body and Country: <i>(if different from above)</i> :	
Ownership of the Institute: Government or Private	
Teaching: Full-Time or Part-Time	
Mode of delivery Face to Face or includes distance learning components	
Is this educational program recognized as a program leading to qualification as an allied health professional by educational authorities and relevant professional bodies (Ministry of Health, statutory councils, boards) governing registration and licensing of such professionals in the country of award?	

Important notes

- The council only recognizes qualifications that, aside from the syllabus meet competency and practical skills requirements for registration. Programs that are fully delivered by Open and Distance Learning mode do not fulfill the competency and practical skills requirements for registration. However regular allied health professional programs with some distance learning components that fulfill knowledge competency and practical skills requirements are considered for registration after assessment by the council

2. Applicants are advised to apply **two months** ahead of desired deadlines as council requires time to seek expert opinion and make verifications. The council will not be responsible for consequences arising from applying at short notice.

The following documents are required to assess recognition of the allied health professional program by the council. Please ensure the document are enclosed and tick checklist as appropriate.

Tick as appropriate	Document
	1. Documents showing programme duration, entry criteria and programme structure.
	2. Details of examinations and assessment arrangements
	3. Details of any internship included with the program.
	4. Documents showing that the training provider is recognized in the country of study as an Allied Health professional training institute
	5. Documents showing that the Awarding Body is recognized in the country of origin
	6. Copy of National Identity Card
	7. Copy of applicants current allied health professional qualifications

Declaration by the applicant

I declare that all the information given in this application form is accurate and all the mentioned documents are submitted.

Name: Date:...../...../..... Sign:

For MAHC use only