



**MALDIVES ALLIED HEALTH COUNCIL**  
 MINISTRY OF HEALTH  
 REPUBLIC OF MALDIVES



**APPLICATION FOR PRE-REGISTRATION FOR FOREIGN APPLICANTS**

**Important note**

Evaluation of Pre- Approval Application will be initiated only on receipt of a complete set of documents specified in the Pre- Approval Application Form. Incomplete Pre- Approval Application will be rejected. The council will bear no responsibility for delays resulting in incomplete forms and missing documentation.

Applications should be submitted via virtual counter (counter.health.gov.mv) to Maldives Allied Health Council, Ministry of Health, Roashanee Building, Sosun Magu, Male', Republic of Maldives Telephone: +960 3014480 Email: [mahc@health.gov.mv](mailto:mahc@health.gov.mv). Approved or rejected applications will be notified via virtual counter.

**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](http://www.health.gov.mv). Please note that foreign applicants are eligible to apply for designated titles only. Please select from current list of allied health professional titles registered by Maldives Allied Health Council May 2024.

Requested title:

Any Previous Pre- Approval:      Pre- Approval number..... Outcome:    Rejected     Approved

2. Identification	
Full name as displayed in passport	
Passport no	
Date of Birth	
Nationality	
Gender	
Email	
Alternative email	
Telephone No	
Worksite address for official correspondence.	

3. Health professional qualifications			
Name of Qualification 1	Awarded Institute	Mode of learning. 1)Face to face 2) Other	Recognizing body
	Delivered Institute	Start date	Date of Passing
Name of Qualification 2	Awarded Institute	Mode of learning. 1) Face to face 2) Other	Recognizing body
	Delivered Institute	Start date	Date of Passing

4. Professional work experience		
Employer 1		Is employer registered as an Allied Health service provider Yes/No
Position held		Start date
Job Responsibilities		End date
Name, contact number and email of supervisor		Duration in months

Employer 2		Is employer registered as an Allied Health service provider Yes/No
Position held		Start date
Job Responsibilities		End date
Name, contact number and email of supervisor		Duration in months

Employer 3		Is employer registered as an Allied Health service provider Yes/No
Position held		Start date
Job Responsibilities		End date
Name, contact number and email of supervisor		Duration in months

<b>5. Details of professional registration in a professional body</b>	
Name of professional body country 1 .....	registration number.....
Website: .....	Email: .....
Name of professional body country 2 .....	registration number.....
Website: .....	Email: .....
<i>*Includes previous registration with Maldives Allied Health Council or Maldives Board of Health Sciences.</i>	

<b>6. Other supporting information about your professional work if any</b>
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<b>7. Questions for the applicant. Attach supporting documents when providing details</b>
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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.....	<input type="checkbox"/> yes <input type="checkbox"/> no
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.....	<input type="checkbox"/> yes <input type="checkbox"/> no
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.....	<input type="checkbox"/> yes <input type="checkbox"/> no
D. Have you ever been treated for alcohol or substance abuse? If yes provide details.....	<input type="checkbox"/> yes <input type="checkbox"/> no
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.....	<input type="checkbox"/> yes <input type="checkbox"/> no

F. Has your registration or license to practice in a regulatory authority ever been revoked, suspended, restricted, or conditioned? If yes provide details.....	<input type="checkbox"/> yes <input type="checkbox"/> no
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.....	<input type="checkbox"/> yes <input type="checkbox"/> no
H. Have you ever been a defendant in any malpractice lawsuit, had any malpractice settlement or have any pending? If yes provide details.....	<input type="checkbox"/> yes <input type="checkbox"/> no
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.....	<input type="checkbox"/> yes <input type="checkbox"/> no

**8. Supporting documents**

Agent channeling this application (section 10) and the applicant must ensure that certified true copies of the following documents are attached and in the following order.

Attached. Yes / No	Document detail
	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
	Qualification certificate(s). Only certified copies of allied health professional qualifications relevant to requesting title need to be submitted.
	Mark sheet(s) for various semesters or years of the qualification. Marksheets for semesters/years should be from the oldest to the newest. A consolidated transcript
	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.
	Professional Registration at other councils or other equivalent bodies. Professional Registration from private bodies and associations not recognized by this council should not be submitted.
	Proof of English language competency.
	Copy of any Pre- Approval approved or rejected by this council
	Record of any disciplinary action by this council or previous Maldives Board of Health Sciences
	Any Certificate of Good Standing issued by this council
	Police Clearance certificate not older than 3 months
	Recent passport size photo.
	Any document in support of Section 7

**9. Declaration by applicant**

- I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information or forged documents would result in legal action, which may include but not limited to criminal prosecution.
- I also agree to abide by the terms of Pre- Approval and agree to participate in any competency assessments of Maldives Allied Health Council including not practicing during the competency assessment period unless I have been provided with a temporary license.
- 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

**10. 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 employed .....MOH registration number.....

**11. Declaration by Employer**

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. I also agree to facilitate the participation of the applicant in the English Language competency Assessment.

Name: .....

Signature: .....

Date: dd/mm/yyyy .....

Stamp

**12. Important notes:**

1. Maldives Allied Health Council (MAHC) derives its mandate to register allied health professionals under the Health Professionals Act 13/2015. For foreign applicants intending to work as Allied Health Professionals for a specific contract period under Employment Approvals of Ministry of Homeland Security and Technology, 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- Approval.
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. Incomplete Pre- Approval Application will be rejected. The Maldives 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. Agent channeling this application (section 10) and the applicant must ensure that certified true copies of the supporting documents are attached and, in the order, provided in section 8. Marksheets for semesters/years should be from the oldest to the newest.
4. Opportunity to submit missing information will be provided if the missing information is deemed minor and if requested by the council
5. Opportunity will not be provided to submit amended or additional professional experience certificates where the required experience falls short of required duration or was experienced in a role not relevant to the applying profession.
6. The Maldives Allied Health Council may also require the Allied Health Professional to submit any other documents for evaluation of his/her application.
7. If efforts to verify professional qualifications or professional work experience is unsuccessful based on the contact details provided, the Pre- Approval application will be rejected.
8. Foreign applicants are required to provide proof of English language competency in addition to their professional qualifications. The council requires foreign applicants to have an English language competency equivalent to the International English Language Testing System overall score of 5.5 with a minimum of 5 in each IELTS band. English language competency requirement is exempted for foreign applicants of countries where the first language is English. Also, applicants can submit results of internationally recognized equivalent exams e.g. TOEFL, OET, PTE, CELPIP provided the council is able to verify the results using candidate details. Test results must not be older than two years at the time of application for Pre-Approval and must have been obtained at one sitting. Applicants can email to inquire about acceptance of a particular exam. Please also note that currently the council does not accept English language proficiency certificate given by universities including medium of Instruction certificates.  
The council also provides the option of participating in an interview to assess English Language competency for the following categories. Pharmacist, Medical Laboratory Technologist, Optometrist, Radiography Technician, Radiologic Technologist, Assistant Dental Hygienist, Assistant Dental Therapist, Assistant Emergency Medical Technician, Neurodiagnostic Technician, Cardiovascular Technician and Operation Theatre Technician. Candidates may apply to sit for the interview.
9. An approved Pre- Approval is NOT transferable to another employer or agency.
10. Council will not accept multiple applications from the same applicant channeled via different employer or agencies. Only the first application will be processed. However, applicants can request to withdraw applications as required.

### Section 3

11. For Degree programs from India, Sri Lanka, Nepal please state if your degree program is awarded from an Institute recognized by University Grant Commissions of the mentioned countries.
12. In recognizing educational programs and training institutions emphasis will be given to the level of recognition given to the educational program and training institution by educational authorities and relevant professional bodies governing registration and licensing in the country of award. The duration and content of study, competencies gained and the coverage of clinical practice/practical training will be looked into. Also, the level of international recognition of the qualification will be considered
13. Qualifications of honorary nature, are not counted towards registration
14. Fully distance, correspondence or online learning programs are not accepted for registration.
15. Although some programs are recognized by national authorities of countries where the program is based, for delivery by distance education mode, this 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.
16. 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
17. If the educational program or the educated institution cannot be verified or the cited referee cannot be reached through regular modes of communication (email, telephone) the application may be rejected

### Section 4

18. Each of the professional experience certificates submitted should include the following information for verification purposes.
  - a. The certificate should be issued in the official letterhead of the issuing institution
  - b. Name of employed institution including contact and email address of institution
  - c. Designation/ Position held by the employee
  - d. Start date and End date of employment
  - e. Date of issue of certificate
  - f. Carry a statement of good character during the employed period.
19. Foreign applicants in general are required to have minimum two years of recent certified professional experience with at least a portion of the experience experienced with in the last two years. However, for specialized fields the council may require applicants to have additional professional experience. The latter will be requested as required.
20. The professional experience must have been gained in an institution relevant to the applying profession. The Council may also request you to submit information to know if the institution is registered with governmental authority to provide allied health professional services.
21. The experience must be in a role relevant to the applying profession. For example, an applicant's job experience in general administration or in a non-practicing role will not be counted. The latter include teaching and research with the exception of applicants who are also practitioners in the field.
22. Professional experience is counted from the date the applicant has started gaining experience in the capacity of the requested title. This date is from the date the applicant begins employment. For example, a psychologist's professional experience starts from the date he/she starts practicing after graduating or getting licensed as a psychologist in their home country. His/ her experience after completion of undergraduate qualification will not be counted. Similarly experience gained at diploma level will not be counted for professional titles that require a Bachelor's degree.
23. Professional experience at multiple employers during the same period will be counted only once.
24. The experience must be in an independent professional role i.e. not as an intern or as an assistant.
25. Additionally, within a relevant role experience should be broad and not restricted to few tasks e.g. conducting phlebotomy and sample processing work only as a Medical Laboratory Technologist.
26. The Council may also request you to submit your job description or employment contract if your job role is not clear from the professional experience certificates.
27. In case of self-employed applicants, the professional experience certificates should be signed by a non-related staff of the institution. Additional verification information may be requested in such cases.
28. If the employed institution cannot be verified or the supervisor cannot be reached through regular modes of communication (email, telephone) within **two weeks** the application may be rejected

### Section 5

29. Foreign applicants for Licensed Counselor, Licensed psychologists must hold registration with professional body of their home country if a statutory body for professional governance and registration exists e.g. Rehabilitation Council of India. Only professional experience gained under the registration will be considered.
30. Foreign applicants for Licensed Counselor, Licensed psychologists who have not completed a structured clinical placement program as part of qualifying as a Licensed Counselor, Licensed psychologist, must demonstrate adequate documented experience and be available for a competency assessment before being considered for registration.
31. Professional registration in home country is required if there is a statutory professional body or authority for registration in the home country at national e.g. Rehabilitation Council of India or in its absence at subnational/state level body. Professional bodies recognized by the council are listed below. This list is based on professional bodies encountered in Pre- Approval applications submitted to the council. It is not an exhaustive list.

#### Government bodies

Kerala Paramedical Council, Kerala  
Kerala State Pharmacy Council  
Directorate of Medical Education Kerala  
Andhra Pradesh Paramedical Board, Andhra Pradesh

Para Medical Board, Government of Karnataka  
Directorate of Medical Education Tamil Nadu  
Tamil Nadu Pharmacy Council Tamil Nadu  
Rehabilitation Council of India ([www.rehabcouncil.nic.in](http://www.rehabcouncil.nic.in))  
Pharmacy Council of India  
Health and Care Professions Council, United Kingdom  
Sri Lanka Medical Council  
The State Medical Faculty of Bangladesh  
Professional Regulation Commission, Republic of the Philippines  
Lembaga Kaunselor Malaysia

Recognized non-governmental bodies

Indian Association Physiotherapist (<http://www.physiotherapyindia.org/>)  
All India Association of Physiotherapists Kerala, India  
(<http://www.physiotherapyallindia.org/contact.php>)  
Institute of Biomedical Science, UK