



Maldives Allied Health Council

Male', Republic of Maldives

Application for Certificate of Good Standing

Important Notes:

Only applicants who have practiced as allied health professionals for at least **ONE** year are eligible to apply for Certificate of Good Standing.

Employer declaration should be signed by a senior staff of the health facility where the allied health professional was employed.

Name:

Date of Birth:

ID Card / Passport No:

Nationality:

Contact Tel No :

Registration Number :

Registration Date :

Permanent Address:

Current Employment:

If required to send the certificate directly from the Council by mail/post to abroad, give full details of mailing/postal address

* Please make the necessary arrangements for postage

Organization Name:.....
Street Name:.....
City, Town:..... Phone Number:.....
Postal Code:..... Fax Number:.....
Country Name:..... Email Address:.....

Signature by Applicant:

Date : day/month/year

Declaration by Employer

If any disciplinary action has been taken or is pending against the above applicant due to professional misconduct or ethical

issues No Yes, specify

Name:..... Designation:

Health facility:

Signature:

Official Stamp

Date : day/month/year