

SRI LANKA MEDICAL COUNCIL

**TEMPORARY REGISTRATION AS A MEDICAL PRACTITIONER / DENTIST / NURSE
FOR PURPOSES OF EMPLOYMENT IN SRI LANKA (CATEGORY A)**

1. The Sri Lanka Medical Council entertains applications for Temporary Registration of non-Sri Lankan citizens as a medical practitioner, dentist or nurse as set out in the Guidelines in Annex 1.
2. Any application made for this purpose must be in the format indicated in Annex 2, and submitted to the SLMC, with the recommendations of the Secretary to the Ministry of Health, or the Director General of Health Services (in Part C of the application form), with all supporting documents listed below.
3. Once granted, Temporary Registration is restricted to practice only within one specified Private Sector Hospital, and in the named speciality.
4. Temporary Registration is granted for a maximum period of 12 months. Registration may be renewed but it is not done automatically.
5. Applications for renewal of registration should be submitted to the Ministry of Health by the Private Sector Hospital concerned, at least 14 weeks before the expiry of the period of Temporary Registration, in the format indicated in Annex 2.
6. Proof that the post has been advertised as specified in Annex 1 should be supplied as well as proof and a statement that no Sri Lankan citizen was found suitable for the post (in Part B of the application form in Annex 2)
7. A report on work performed by the applicant together with proven adverse reports (if any) regarding the applicant should be submitted along with the application for renewal of temporary registration.
8. Where the Secretary / Health or the DGHS has recommended the application, the applicant may be granted Temporary Registration by the SLMC under Section 67A of the Medical Ordinance for the post he / she has applied for, for a period not exceeding 12 months.
9. The Registrar shall forward such application to the Section 67A Committee of the SLMC, together with the recommendation of the Secretary / Health or DGHS, and obtain a report from this Committee. The Committee shall comprise of the following:
 - a. President of the SLMC
 - b. Registrar of the SLMC
 - c. 5 members of the SLMC
 - d. Director of the Postgraduate Institute of Medicine, or nominee
10. The Registrar / SLMC shall communicate with the applicant within 8 weeks of receiving the recommendation of the Secretary / Health or the DGHS for registration or renewal of registration, with copies to the relevant private sector hospital and the Ministry of Health, so that the applicant is informed of the decision at least 2 weeks prior to the date from which registration or renewal has been sought.
11. In the event of a refusal of registration or renewal, the SLMC shall also communicate such decision to the applicant, together with reasons for such refusal.

12. A registration fee of US\$ 540.00 (inclusive of a processing fee of US\$ 70.00) per applicant will be levied by the SLMC. In the event of refusal of registration, the registration fee will be refunded subject to deduction of the processing fee.

Documents to be submitted with application:

1. Certificate of first medical degree
2. Certificate(s) of postgraduate degree(s) (where applicable)
3. Certificate of registration from Medical Council of country of residence
4. Certificate of Good Standing from Medical Council of last country of employment, issued within the 6 months preceding application for Temporary Registration
5. Certificate recognizing applicant as a specialist by the Medical Council of country of residence (where applicable)
6. All contact details to verify information in above documents
7. Certificates of work experience from the hospitals in which the applicant has worked as a specialist
8. Letters from two referees, with contact details
9. Short curriculum vitae
10. Copy of business pages of current passport
11. One recent colour passport size photograph
12. Last 5 years work audit of the applicant

To be submitted by Private Sector Hospital

13. Copy of certification of registration of Private Sector Hospital in Private Sector Health Regulatory Authority
14. Copies of all advertisements pertaining to post
15. List of all applicants who responded to advertisement, with qualifications, and reason for selection of applicant
16. Receipt for payment of registration fee of US\$ 540.00 to SLMC (payment revised on 01.01.2023)

- Account Name - Sri Lanka Medical Council
- Account Number - 9999605
- Account Type -Savings Account
- Bank name - Bank of Ceylon
- Bank Code - 7010
- Branch -Maradana, Sri Lanka
- Branch Code - 041
- Swift Code - BCEYLKLX

Annex 1

Guidelines

Annex 1A

Specimen advertisement

Annex 2. Application for Temporary Registration for Employment under Section 67A of the Medical Ordinance

Part A: to be completed by applicant

To be completed by all applicants		
1.	Full name (underline family name):	
2.	Date of birth and age in years:	DD / MM / YYYY
3.	Sex:	
4.	Nationality:	
5.	Passport number:	
6.	Permanent address:	
7.	Address in Sri Lanka:	
8.	Telephone numbers	Fixed line: Mobile:
9.	Email address	
10.	Institution where first medical degree was obtained ¹ :	
11.	Name of first medical degree:	
12.	Year in which first medical degree was obtained:	
13.	Medical Council from which applicant first received license to practice Medicine, and registration number:	Medical Council: Registration number:

¹The medical school should be listed in the World Directory of Medical Schools maintained by WFME and FAIMER

In the event the applicant is a specialist		
14.	Institution from which specialist qualification was obtained:	
15.	Specialist qualification(s):	
16.	Duration of specialist training:	
17.	Medical Council in which applicant has registered Specialist Qualification:	Medical Council: Registration Number:
18.	Duration of work as a specialist ² :	

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19.	Employment as a specialist or consultant ³ :	
20.	Audit of work in each position in the last 5 years:	
21.	List of publications and presentations:	

²Duration of time that the applicant has worked as a specialist in the field that s/he is applying for, in the country of registration or in any other country

³Employment details should be presented in a tabulated form under the following headings, starting with the present position: Institutions, post, designation, duration, contact details of supervising officer / administrative head of institution / employer

Details of post applied for		
22.	Hospital in which applicant will be employed:	
23.	Post and nature of clinical work:	
24.	Period of temporary registration applied for	From DD/MM/YYYY To DD/MM/YYYY
SLMC registration		
25.	Any previous registrations in Sri Lanka?	Yes / No
26.	If yes, registration number and dates	
27.	Any previous employment in Sri Lanka:	Yes / No
28.	If yes, provide details	
Accompanying documents and registration fee		
29.	Are all requested documents enclosed? If not, give reasons	Yes / No
30.	Is receipt of payment of registration fee attached?	Yes / No

I certify that the information given above and the documents submitted by me are accurate and true.

I accept and agree that if any of the information or the supporting documents are found to be false, or if complaints against me are received by the SLMC from patients, or relative of patients, or the Ministry of Health, or the Private Sector Hospital, the SLMC has the authority to cancel my temporary registration with immediate effect on verification of such complaints.

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Signature of applicant

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Date

Part B. To be completed by the Director of the Private Sector Hospital

1.	Name of hospital:	
2.	Address of hospital:	
3.	Telephone number of hospital:	
4.	Name of hospital director:	
5.	Telephone number of director	Office: Mobile:
6.	Email address of director:	
7.	Post of be filled by applicant, with clinical responsibilities and duties	
8.	Advertisement of post enclosed	Yes / no
9.	Copy of PSHRA registration certificate	Yes / No
10.	Applicant has been previously employed in same hospital?	Yes / No
11.	If yes, details of post, speciality, and employment dates	
12.	Any complaints from patients or relatives of patients regarding applicant	Yes /No If yes, provide details:
13.	Other non-Sri Lankan specialists employed by hospital:	Yes / No
14.	If yes, provide names, speciality, period of employment and dates of temporary registration	

I certify that the information provided above by me, and the documents submitted by the applicant are accurate and true.

I declare that this post has been advertised and that there were no Sri Lankan citizens who applied in response to the advertisement.

I accept and agree that if any of the above information or supporting documents are found to be false, or if complaints are received by the SLMC from patients, or relatives of patients, or the Ministry of Health, against the applicant or against the hospital due to substandard clinical care provided by the applicant, the SLMC has the authority to cancel the temporary registration of the applicant with immediate effect following verification of such complaints.

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Signature of the Director

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Date

Part C. To be completed by the Secretary to the Ministry of Health, or the Director General of Health Services

I,

Secretary, Ministry of Health / Director-General of Health Services (delete inappropriate words) certify the need for employment of the applicant as a specialist in the said private sector hospital, and that the said PSH has attempted, but failed to recruit a Sri Lankan specialist. I request the SLMC to verify whether the applicant has the requisite knowledge and skills to practice Medicine as stipulated in Section 67A of the Medical Ordinance, and grant him Temporary Registration to be employed as a specialist in the hospital from to, for a maximum period of one year.

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Signature

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Date