

SRI LANKA MEDICAL COUNCIL

**TEMPORARY REGISTRATION AS A MEDICAL PRACTITIONER, DENTIST OR NURSE
FOR NON-REMUNERATIVE PURPOSES IN SRI LANKA (CATEGORY B)**

1. The Sri Lanka Medical Council entertains applications for Temporary Registration as medical or dental practitioners or specialists or nurses, from professionals who intend to provide their services for free health care; or as a resource person for training of medical or dental undergraduate or postgraduate students; or for their own postgraduate education and training.
2. Any application made by professionals who intend to provide their services for free health care or as a resource person for training of medical or dental undergraduate or postgraduate students must be in the format indicated in Annex 1 of this document, and submitted to SLMC, with the recommendations of either a Dean of a Medical / Dental Faculty, the Director / PGIM, or the President of professional body (in Part B of the application) or Secretary to Ministry of health, or the Director General of Health Services (in part C of the application form), with all supporting documents listed in Annex 1, Part A.
3. Temporary Registration is granted under Section 67A of the Medical Ordinance for a maximum period of 12 months and restricted to practice only within the specified institution. Registration may be renewed but it is not done automatically.
4. Applications for renewal of registration should be submitted to the SLMC through the same authorities listed above in Item 2, at least 4 weeks before the expiry of the period of Temporary Registration, in the format indicated in Annex 1.
5. The Registrar shall forward such application for registration / renewal of registration to the Management Committee of the SLMC, together with the recommendation of the relevant authority.
6. The Registrar / SLMC shall communicate with the applicant within 8 weeks of receiving the application for registration or renewal of registration, with copies to the relevant authorities, 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.
7. 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.
8. The SLMC shall charge a registration fee of Rs 9250.00 per applicant.

Annex 1. Application for temporary registration as a medical practitioner, dentist or nurse, for non-remunerative purposes in Sri Lanka (Category B)

Part A: to be completed by applicant

To be completed by all applicants		
1.	Full name (underline family name):	
2.	Date of birth, age in years and sex:	DOB: DD / MM / YYYY Age: Sex:
3.	Nationality:	
4.	Passport number:	
5.	Permanent address:	
6.	Address in Sri Lanka (if known):	
7.	Telephone numbers	Fixed line: Mobile:
8.	Email address	
9.	Institution where first medical degree was obtained:	
10.	Name of first medical degree:	
11.	Year in which first medical degree was obtained:	
12.	Medical Council from which applicant first received license to practice Medicine, and registration number:	Medical Council: Registration number:
13.	Current employment:	
Proposed activities in Sri Lanka:		
14.	Nature of clinical work (personal education and training):	
15.	Hospital / institution in which applicant will work:	
16.	Sponsor (Medical Faculty / PGIM / Professional body):	
17.	Name and details of Sri Lankan specialist who will supervise clinical activities:	
18.	Period of temporary registration applied for	From: DD/MM/YYYY To: DD/MM/YYYY

Temporary Registration 67A (B)

Proposed activities in Sri Lanka:		
19.	Nature of clinical work(free health care delivery/resource person for training activity):	
20.	Hospital/Institution in which applicant will work:	
21.	Sponsor (Medical Faculty/Professional Body/Ministry of Health):	
22.	Name and details of Sri Lankan specialist who will be responsible for clinical activity:	
23.	Period of temporary registration applied for	From: DD/MM/YYYY To: DD/MM/YYYY
SLMC registration		
24.	Any previous registrations in Sri Lanka:	Yes / No
25.	If yes, registration number and dates	
Accompanying documents and registration fee		
26.	Are all requested documents enclosed? If not, give reasons	Yes / No
27.	Is receipt of payment of registration fee attached? If not, give reasons	Yes / No

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

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Signature of applicant

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Date

Documents to be submitted with application:

- a. Certificate of first medical / dental degree, or qualification in nursing
 - b. Certificate of registration from Medical/Dental/Nursing Council of country of residence
 - c. Certificate of Good Standing from Medical/Dental/Nursing Council of country of residence, issued not more than 6 months
- OR
- a letter from the hospital Senior Management (Director/ CEO/Manager) to confirm employment for preceding application for Temporary Registration. However, such letters should be only from established hospitals and not from individually managed private hospitals.
- d. Certificate(s) of postgraduate degree(s) (where applicable)
 - e. Certificate recognizing applicant as a specialist (where applicable)
 - f. Letter from current employer
 - g. Curriculum vitae
 - h. Copy of business pages of passport
 - i. Letter of agreement from Sri Lankan specialist providing clinical cover
 - j. The fee for 'Temporary Registration 67A (B)' is Rs.9250/- which should be credited to the SLMC Account

Approved by SLMC on 26.05.2023

Temporary Registration 67A (B)

No. 0000371208 (Bank of Ceylon, Maradana Branch). Please ensure whether your NIC No and relevant payment category (TRB) were entered by the banking officer for future clarifications. The bank credit slip (green) should be attached with the application.

Part B. To be completed by Dean of Medical / Dental Faculty, Director / PGIM or President of Professional Body (sponsor)

1.	Name of Institution (Faculty / PGIM / Professional Body):	
2.	Address of Institution:	
3.	Telephone number of Institution:	
4.	Name of head of institution (Dean / Director / President):	
6.	Telephone number of head of institution	Office: Mobile:
7.	Email address of head of institution:	
8.	Nature of work to be carried out by applicant, with clinical responsibilities and duties	
9.	Specialist who will supervise clinical activities undertaken by applicant	
10.	Duration of proposed activities:	From: To:
11.	Applicant has been previously employed in same capacity?	Yes / No
12.	If yes, provide details	

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Signature of the head of institution

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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 or the Dean of the Medical Faculty

I,

Secretary, Ministry of Health / Director-General of Health Services /Dean, Faculty of

Medicine,(delete inappropriate words) certify the need for
services of the applicant to conduct a training programme/workshop/health camp
at.....

From to

and request the SLMC to grant the applicant Temporary Registration under Section 67A

From to

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Signature

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Date