SAINT LUCIA MEDICAL AND DENTAL COUNCIL

Requirements and Guidelines
for the submission of applications for registration and licensure
of medical and dental practitioners in Saint Lucia

- All copies must be certified or notarized, with the stamp of the Justice of the Peace or
  the seal of the Notary Royal affixed.
- All submitted documents which are in any language other than English must be
  accompanied by a certified or notarized English translation.
- All documents must be legible. Illegible documents will be discarded rendering the
  application incomplete.

REQUIREMENTS for REGISTRATION

1. A Cover letter which must include:
   - One reason(s) for seeking to practise medicine/dentistry in Saint Lucia (for non-
     nationals).
   - The category of registration for which one is applying (cf article 37 the Health
     Practitioners Act No 33 of 2006/Form 1C attached).
   - One’s area of specialisation if applicable.

2. Letter of employment/internship or expression of interest of employment/internship
   from the Ministry of Health, Public Institution or Private Institution where applicable.
   - Letter must state the period of employment/internship.

3. Original certified/ notarized copy of first/basic medical/dental qualification.

4. Original certified/ notarized copy of postgraduate medical/dental qualification.

5. Original Certificate of Good Standing from most recent registration body:
   - Must be mailed directly or reach the Executive Director of the Saint Lucia
     Medical and Dental Council from the issuing body in an official, sealed
     envelope.

6. Original certified/ notarized copy of current license to practice medicine/dentistry.
   - In the case of a newly qualified practitioner:
     o original/notarised copy of assessment of internship rotations and
     o evidence of successful completion of the Caribbean Association of
       Medical Council (CAMC) Examinations part I and II or USMLE where
       applicable.

7. Two (2) original reference letters:
   - At least one from current employer/supervisor/lecturer/colleague.
   - Referrer (author) must be a colleague (of equal or higher position) Letters must
     be made (dated) no earlier (older) than six months prior to application for
     registration.
   - Must be on an official letterhead of referrer i.e. business name, full address and
     contact information
   - Must include:
8. Proof of not being absent from clinical practice for a period exceeding six (6) months.
   • This must be clearly indicated in the application.

   • Must include contact information of educational institutions attended and of places of work.

10. Original certified/ notarized copy of a valid police (clearance) certificate.
    • Made no earlier (older) than six months prior to application.
    • Must be issued for a period of six (6) consecutive months prior to the date of application.
    • Must be issued from the jurisdiction in which the applicant lives and/or works.

    **NB:** Police records are also needed from countries in which applicant has resided for more than six months.

11. Original medical health certificate/report from a registered medical practitioner:
    • Made no earlier (older) than six months prior to application.
    • The medical practitioner must not be related to the applicant by birth, marriage or work affiliation.
    • The certificate/report must be on letterhead and include a statement that the applicant is of sound physical and mental health.


13. A copy of passport page(s) with photograph and personal information.

14. Proof of proficiency in the English Language where English is not the first language.

15. Completed application form 1B (see attached).

16. Completed statutory declaration form (see attached form).

17. Processing Fee of 105.00XCD (40.00USD) to be included with application on submission:
    • Cheque to be made payable to “Saint Lucia Medical and Dental Council”.
    • Cash accepted
    • Payment can also be made via bank transfer to:
      Saint Lucia Medical and Dental Council
      BOSLLCLC
      Account # 101389278
      Bank of Saint Lucia Ltd, Waterfront Branch
      Heraldine Rock Building, Castries, Saint Lucia
    • The processing fee is non-refundable.
    • Overseas personal cheques and credit cards are not accepted.

18. Registration fee of 150.00XCD (58USD)
    • Cheque to be made payable to “Saint Lucia Medical and Dental Council”
    • Payment can also be made via bank transfer to:
      Saint Lucia Medical and Dental Council
OVERSEAS personal cheques and credit cards are not accepted

REQUIREMENTS for PRACTICING LICENSE

19. Completed application form 2A (see attached)

20. Proof of malpractice insurance coverage (MPS) for persons in private clinics/institutions
   • (Applicants should contact MPS for pre-approval at the time of applying for registration with the SLMDC)
   • MPS subscription must cover the period of one’s employment contract or at least the first full year of the employment contract.

21. Licensing fee of 600.00XCD (230USD) (Biennial).

22. Such other documents and information as the Council considers necessary in determining the application.

Please forward completed application to the following address:

Saint Lucia Medical and Dental Council
Saint Lucia National Mental Wellness Centre
C/O Conway Post Office, Waterfront
Castries
SAINT LUCIA, W.I.

NB: Incomplete applications or applications containing documents that do not respect the guidelines for submission will not be considered.

PLEASE BE GUIDED ACCORDINGLY