



## APPLICATION FOR APPROVED MEDICAL PRACTITIONER AND OPTOMETRIST

*To be appointed as an Approved Medical Practitioner/ Optometrist for the Maritime Safety Authority of Fiji in accordance with Part 8 of the Maritime (STCW Convention) Regulation 2014 and STCW Code sections A/I-9 and B/I-9 and the IMO/ILO seafarer's medical examination guidelines.*

<b>PART A – APPLICANT'S PERSONAL DETAILS</b>				
Surname ( Family Name):	First Name:	Middle Name:		
Date of Birth:	Country of Birth:	Nationality:		
Permanent Address:		Telephone No:		
ID No:	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Proof of Identity:				
<input type="checkbox"/> Fiji driver's license <input type="checkbox"/> Passport <input type="checkbox"/> Other (Specify):				
<b>PART B – APPLICATION'S REGISTRATION HELD</b>				
Date of Entry	Registration Authority	Name of Nation/State	Valid until	General/ Specialist
<b>PART C – PRIMARY QUALIFICATION</b>				
Qualification Gained				
Institute				
<b>PART - D APPLICANT'S OFFICE DETAILS</b>				
Name and address				
Phone				
Mobile				
Email				
<b>CERTIFICATE DETAILS</b>				
CERTIFICATE		VALIDITY		
Registration Certificate				
Business License				
Occupational Health and Safety				
<b>PART E - APPLICANT'S DECLARATION</b>				
Giving false or misleading information is a serious criminal offence and may lead to termination of this appointment or prosecution.				
I hereby declare that, to best of my knowledge my personal statements are true and correct.				
Applicant's signature		Date		
Medical practitioner's/ Optometrist stamp				
<b>PART F - FOR OFFICIAL USE ONLY</b>				
<b>ASSESSMENT BY MANAGER QUALIFICATION AND LICENSING</b>				
Signature:		Date:		
<b>APPROVAL BY CHIEF EXECUTIVE OFFICER</b>				
Signature:		Date:		

Document:	Revision:	Issue Date:	Approved by:
Form: MPF 001	01	__09__ / __08__ / __21__	CEO