



Medical Board of Queensland

ABN: 35 789 357 327

Application for Certificate of Registration Status – Form 300

Please note:

- Certificates of Registration Status were formerly known as Certificates of Good Standing.
- Please allow for a **minimum** of 10 working days for the processing of your request. Correspondence will be sent advising the Certificate has been issued.
- The Medical Board of Queensland can only issue certificates of Registration Status (CORS) to other Medical Licensing Authorities or specialty training organisations, for example:
 - General Medical Council, United Kingdom
 - Medical Board of New South Wales
 - Royal Australasian College of Surgeons
- Certificates of Registration Status cost \$35.00 **each** and only one request can be made on one form.
- Certificates of Registration Status will not be issued directly to employers or applicants. This is an international standard and is to ensure the document's authenticity.
- Certificates of Registration Status are valid for three (3) months from date of issue.

APPLICANT DETAILS			
Surname:		Registration No:	
Given Name:		Date of Birth:	
Current Address:		Gender:	M: <input type="checkbox"/> F: <input type="checkbox"/>
Daytime phone:		Email:	Fax:
ORGANISATION TO WHICH CERTIFICATE IS TO BE SENT			
Organisation:			
Address:			
Phone:		Email:	Fax:
Contact Person (optional):		Reference No. (optional):	
Return completed forms to: Facsimile: +61 7 3225 2522 E-mail: registrations@medicalboard.qld.gov.au		Or by mail to: Medical Board of Queensland GPO Box 1667 BRISBANE QLD 4001	

AUTHORISATION

I authorise the Medical Board of Queensland to disclose information to the organisation listed above regarding my professional and registration history which includes:

- Personal details (including Date of Birth).
- Information relevant to any current proceedings against myself, of any nature under the *Medical Practitioners Registrations Act 2001* or *Health Practitioner Professional Standards Act 1999*.
- Details of any conditions or undertakings on my registration in Queensland.
- Details of any suspensions or cancellations of my registration in Queensland.
- Any other information recorded on the register relevant to a determination of registration.

Name:

Signature:

Date

PAYMENT DETAILS

PLEASE DO NOT DETACH

TAX INVOICE

ABN: 35 789 357 327

Credit Card (Visa/MasterCard only) (Cheque or Money Order payable to Medical Board of Queensland – \$AUD).

For this payment to be accepted you must complete all sections below.

VISA

MASTERCARD

CHEQUE/MONEY ORDER

CARD NUMBER _____

EXPIRY
DATE

CARD HOLDERS NAME
(print)

CARD HOLDERS SIGNATURE

AMOUNT \$ **35.00**