



**MALDIVES ALLIED HEALTH COUNCIL**  
 MINISTRY OF HEALTH  
 REPUBLIC OF MALDIVES



Maldives Allied Health Council  
*passion for excellence - nurturing trust*

**APPLICATION FOR ALLIED HEALTH PROFESSIONAL REGISTRATION**

**Notice**

Please write clearly in filling this form

Items 1-5 are completed by the applicant

Items 6-8 are to be filled by the employer

Registration is subject to receipt of all the documents in proper order.

A non-refundable fee of MVR 150 is charged for processing registration

Document no:

Registration of Dhivehibeysverin and hithaani practioners use form no. **DBHF-2020-V01**

1. Type of registration requested			
New Registration: <input type="checkbox"/>	Requested Allied Health Professional Title Please refer to list of registered allied health professional titles registered with the council. List is available from <a href="http://www.health.gov.mv">www.health.gov.mv</a> . The application form will not be processed further if the requested professional title is not mentioned.		
	.....		
Renewal of Registration: <input type="checkbox"/>	MAHC Registration No.	Issued Date:	Expiry Date:
	.....	.....	.....
Reasons for late renewal if applying past the Expiry Date:			

2. Identification		
Full name (as shown in passport / Maldives National ID)		Space for applicant's recent passport size photo
Passport no/ National ID No for Maldivians		
Date of Birth		
Nationality for Foreigners		
Email for correspondence		
Telephone No		
Address for correspondence in Maldives		
Address for correspondence in home Country		

3. Qualifications. Please state only allied health professional qualifications					
Name of Course /Qualification	Delivered Institute	Awarded Institute	Start date	Date of award	Recognizing body

**4. Supporting documents. Please tick as appropriate****New Registration for Maldivian applicants.**

Tick	Document
	Copy of National ID card
	Qualification certificate(s). Only certified copies of allied health professional qualifications relevant to requesting title need to be submitted. (Attested Copies)
	Mark sheet(s) for various semesters or years of the qualification. A consolidated transcript. (Attested Copies)
	Curriculum vitae
	Competency exam results for professions where Competency Exam is given.
	Recent passport size photo

**New Registration for foreign applicants.**

Tick	Document
	A certified copy of the relevant pages of your passport (the ones which show your date of birth, nationality and photograph). Evidence of any name change (e.g., deed poll, marriage certificate) if applicable.
	Qualification certificate(s). Only certified copies of allied health professional qualifications relevant to requesting title need to be submitted. (Attested Copies)
	Mark sheet(s) for various semesters or years of the qualification. A consolidated transcript. (Attested Copies)
	Curriculum vitae
	Professional Registration at other councils or other equivalent bodies. Professional Registration from private bodies or associations not recognized by this council should not be submitted. (Attested Copies)
	Competency exam results for professions where Competency Exam is given.
	Recent passport size photo

**Renewal of Registration Maldivian and Foreign applicants.**

Tick	Document
	Copy of National ID card For Maldivian Passport copy for foreign applicants
	Previous Registration Copy
	Recent passport size photo

**IMPORTANT NOTES**

1. Documents in foreign languages other than English shall be submitted together with the certified English translations and original copies of the documents. The Maldives Allied Health Council will accept notarization by
  - (i) the institute that issued the original certificate;
  - (ii) any Embassy or Consulate of the country that issued the original certificate; and
  - (iii) a government institute of the country that issued the original certificate.
2. All documentation should be complete and the submitted documents should be clear and legible. The Allied Health Council will not accept illegible, unclear or incomplete applications and will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
3. The Maldives Allied Health Council may also require the Allied Health Professional to submit any other documents for evaluation of his/her application

**5. Declaration by applicant**

- I declare that all information provided herein is true to the best of my knowledge and I understand that falsifying information would result in legal action, which may include but not limited to criminal prosecution.
- I will provide the Maldives Allied Health Council with any such further information as it may require and further authorizes the council to make queries as necessary
- I do not have a mental or physical condition that renders me unable to perform the functions required for practice as an Allied Health Professional
- I know of no information that could cause the Maldives Allied Health Council not to be satisfied that I am of good character and reputation and am a fit and proper person to be registered
- I agree to adhere to the *Standards of Conduct, Performance and Ethics* and the *Scope of Practice* set by the Maldives Allied Health Council for the professional title under which I may be registered.
- I agree to inform to Maldives Allied Health Council any change to my email, telephone number and address for correspondence in Maldives.

Name of the Applicant:..... Signature of applicant: ..... date: dd/mm/yyyy

6. Current employment	
Name of Employer	
Health Facility/ Work site	
Health Facility Registration No	
Staff No	
Position	
Date of Employment	
Contract Expiry date	

**7. Declaration by Employer on current employment information**

We confirm the authenticity of information contained herein about our organization and applicant’s employment status with us

Employer:..... Signature : .....stamp.....Date: --/--/-----

**8. Declaration by Employer for applicants renewing registration**

We hereby declare that no disciplinary proceedings are in action against the applicant and that he/she has never been the subject of any inquiry.

Employer:..... Signature : .....stamp.....Date: --/--/-----

*Applications should be submitted to  
 Maldives Allied Health Council,  
 Ministry of Health,  
 Roashanee Building, Sosun Magu, Male’,  
 Republic of Maldives  
 Telephone: +960 3014480  
 Email: [mahc@health.gov.mv](mailto:mahc@health.gov.mv)*