



**MINISTRY OF HEALTH
MEDICAL LICENSING DEPARTMENT**

Request for the License to practice a Medical Profession in the State of Kuwait, according to the Law No. 25 of the year 1981.

Full Name of the Candidate :.....
Place and Date of Birth :.....**Sex:**.....
Nationality :.....
Permanent Address in Country of Origin :.....**Tel:**.....
Permanent Address in Kuwait :.....**Tel:**.....
Place of work in Kuwait :.....
Title of Profession :.....

Scientific Qualification (Place and Date of Issue)

1.....
2.....

Experience

1.....
2.....

Have you ever been employed in Kuwait? If “Yes” mention Place & Date

.....
.....

Other Documents to be presented :.....
.....

Here by I am requesting to issue for me a license to practice the profession of **Medicine in the State of Kuwait, according to the Law No. 25 of the year 1981 and I declare that all the above mentioned documents are correct and true. I also approve on accepting all the Laws which is mentioned and whether there is a new rules which concerned with this subject and paying all the fees implemented.**

Date :.....
Signature:.....

Form No. 1 - Physician

