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Swaziland Male Circumcision Registration Information for Volunteer Doctors

August 2010

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Welcome Letter to Volunteer Doctors

July 2010

Dear Doctor,

Thank you so much for your interest in volunteering as a doctor for our male circumcision program in Swaziland! On behalf of the Ministry of Health and the Swaziland Circumcision Task Force, we are extremely grateful to you for helping us in our battle against AIDS.

Male circumcision has now been recognized by the international scientific community and by the World Health Organization (WHO) as an effective tool in the prevention of female-to-male transmission of HIV. WHO has recommended incorporating circumcision into the existing national packages of HIV-prevention measures, particularly in those countries with a high HIV-prevalence rate and a low circumcision rate. Swaziland is such a country.

Swaziland is a small kingdom situated in the southeast of Africa, with a population of one million. Like so many sub-Saharan African countries, Swaziland has been ravaged by an HIV/AIDS epidemic of huge proportions: 41.2% of antenatal women were HIV-positive in 2006, 39.6% in 2007, the highest prevalence rate in the world. The number of orphaned children in the country is over 100,000 (more than 10% of the entire population) and it is rising. Life expectancy at birth has dropped to 31.6 years, the lowest in the world. A country-wide disaster, threatening the very existence of the nation, is unfolding.

Treatment with antiretroviral medication has been introduced, but is still not readily available in all areas of the country. Prevention programs emphasizing ABC measures (abstain, be faithful, condom use) and behavior change are in full swing, but are unable really to turn around the epidemic.

We have calculated that approximately 120,000 HIV-negative Swazi men are in danger of becoming HIV-positive. The Task Force has set out to circumcise as many of these men as possible in the next three to five years. Insufficient local manpower has created the need for help from abroad.

In order to ensure the health of Swazi citizens, to work as a volunteer doctor in Swaziland, the Swaziland Government and the Ministry of Health require that you provide documentation certifying that you are a doctor (the same as would be required for practicing as a doctor in another country).

To ease this process, we, at Jhpiego, have created a guide to assist you in this registration process. Please see the information below and contact Meghan Swor at mc-volunteers@jhpiego.net if you have any questions or if you are in need of clarification. You will receive further information to assist you in becoming more oriented with Swaziland and the male circumcision program.

Thank you again for your willingness to participate in a groundbreaking fight against HIV/AIDS. We look forward to working with you in Swaziland!

Warm Regards,

Jhpiego Swaziland Male Circumcision Team

PART A: CHECKLIST OF DOCUMENTS REQUIRED FOR REGISTRATION

Instructions:

Below find a checklist of documents that are required for registration in Swaziland. Information about each document is provided on pages 5 - 7. Please use this as your own checklist, to ensure you are providing all required documents. You **DO NOT** need to send this checklist to Meghan this checklist is only for your reference.

Documents Required	Tick When Sent to Meghan Swor
Completed application form (NOTARIZED)	
Medical License or Registration Certificate from home Medical and Dental Council (NOTARIZED)	
Medical School Diploma (NOTARIZED)	
Certificate of completion of specialty training (NOTARIZED) ** only if a specialist	
*First page of Passport/Identification Page (NOTARIZED)	
Letter of Good Standing from home Medical and Dental Council	
Recommendation Letter from Current or Most Recent Employer	
(2) passport sized color photos (2 x 2 inches)	
Curriculum Vitae/Resume	
*Completed Medical Certificate (to be completed by a physician colleague)	

*** New requirement as of October 24, 2010.**

*****NB: FOR AUA MEMBERS ONLY:** An additional recommendation letter and a copy of your CV/Resume may be required. Ellen Molino, from the AUA, will inform you if you need to provide these additional documents.

PART B: DOCUMENTATION REQUIRED TO BE A DOCTOR IN SWAZILAND

The Medical and Dental Council in Swaziland requires 10 registration documents before it will consider registering you as a doctor in Swaziland. Some of these documents will take time to obtain so it is wise to start the process immediately.

Instructions:

- Assemble all documents (including colored copies of passport photographs), scan all documents, and email completed packet to **Meghan Swor** at mc-volunteers@jhpiego.net.
- **DO NOT BRING ANY ORIGINAL DOCUMENTS** (i.e. original medical diploma, certificate, etc.) with you to Swaziland.
- Hand carry all **original notarized copies** of documents (not the original diploma, but the actual original notarized copy), **original recommendation letter** on letterhead, and **original photographs** to Swaziland.
- All documents **MUST BE IN ENGLISH** (no Latin, French, or any other language diplomas or certificates will be accepted).
 - Please have all diplomas and certificates **translated into English** (see examples of translated documents attached on pages 12 – 13).
 - The English translation of documents can be typed on plain white paper and can be translated by anyone who speaks both languages. **The translation DOES NOT have to be conducted by an expert.** Your university may provide this service otherwise for a loose translation visit: <www.google.com/language_tools>.
 - If you are **charged a fee** for obtaining any of these required documents, **we will reimburse you for any of these costs as long as you have received PRIOR APPROVAL FROM MEGHAN AND you have a receipt.**
- When you email your completed packet of documents to Meghan, in the email, state the total amount of fees you need to be reimbursed for. When you arrive in Swaziland, we will reimburse you for these costs **after** we are given copies of your receipts.

DOCUMENTS REQUIRED WITH EXPLANATION

E-MAIL ITEMS 1 – 10 TO MEGHAN SWOR (don't forget to scan and e-mail to Meghan first and then carry the original notarized copies with you to Swaziland).

Item 1 Completed and **NOTARIZED** Application form

- A blank Application Form can be found on pages 14-16 of this registration informational packet.
- Please see the sample application form that is found on pages 7-9 for assistance in completing the application form.
- We will pay your registration fee.
- Ignore the list on page 2 about required documents. The list (you are currently reading) is the more updated and complete list about documents required for registration.

Item 2 **NOTARIZED** Medical License or Registration Certificate from home Medical and Dental Council

This is your valid, current license or certificate to practice as a doctor

Item 3 **NOTARIZED** Medical School Diploma

This is your graduation diploma from your medical school

Item 4 **NOTARIZED** Certificate of completion of specialty training

****ONLY NECESSARY IF YOU ARE A SPECIALIST, i.e. A UROLOGIST**

This is a certificate indicating completion of a residency program, AUA Certification, a certificate from The American Board of Urology, or any other certification indicating surgical or male circumcision training or expertise).

Item 5 **NOTARIZED** Copy of Identification Page/First Page in Passport

- A copy of the first page of your passport that includes your picture and identification information (this is for applying for a work permit in Swaziland).
- Ensure that your passport is valid for **AT LEAST SIX MONTHS** following your arrival date in Swaziland. Also ensure that your passport has **AT LEAST TWO (2) UN-USED PAGES REMAINING** for any necessary entry and exit stamps.

Item 6 Letter of Good Standing from home Medical and Dental Council

This is a letter of verification from your state or country licensing board. It is obtained from your state or country licensing board and is a brief letter stating the history and status of your license. Usually, you are not charged for this.

Item 7 Recommendation Letter from Current or Most Recent Employer

- This is a Recommendation letter from your current or most recent employer. If you are in private practice, this can be submitted by a fellow colleague or another person who is aware of your medical experience.
- To be written on official letterhead from the recommender's place of employment.

Item 8 (2) passport sized color photos (2 inches x 2 inches)

Carry original passport sized color photos with you in traveling to Swaziland, but scan a colored copy and email to Meghan as part of the completed packet.

Item 9 Curriculum Vitae (CV)/Resume

A copy of your up-to-date curriculum vitae (CV) or resume stating your work experience, academic experience and degrees, identification information, and any other information that you would otherwise include in applying for a job.

Item 10 Completed Medical Certificate form (completed by a physician other than volunteer)

- A blank Medical Certificate can be found on page 18-19 of this registration informational packet.
- This medical certificate must be completed by a physician other than the volunteer.

NOTARY PUBLICS will not verify the accuracy of these documents, they will, however, verify your signature. Take copies of items 1 – 4 and your passport to a notary public (town halls, banks etc.) and in their presence write:

"I, ____ (your name), ____ attest that this is a true and accurate copy of an original document. Then sign it in their presence."

- The notary can then legally sign, date and apply their seal to each document thereby notarizing it. If you have difficulties doing this, please contact Meghan.
- Notary seals can be either 'raised' or 'embedded' seals. Please make sure that **the notary uses a stamp with ink (rather than an embossed stamp)** so that when the document is scanned, the notary's ink stamp is recognized and visible. Raised stamps are non-ink stamps that may look more official because they make an imprint on the document, but the stamp is virtually impossible to recognize when the document is later scanned.
- Hand carry all **original notarized copies** of documents (not the original diploma, but the actual original notarized copy), original recommendation letters on letterhead, and original photographs to Swaziland.

PART C:
INSTRUCTIONS FOR COMPLETING APPLICATION FORM

THE MEDICAL AND DENTAL PRACTITIONERS ACT OF 9TH JANUARY 1970

APPLICATION FOR REGISTRATION

THE UNDERSIGNED (FULL NAME) **YOUR NAME**

OF (Address) **YOUR HOME ADDRESS**

Hereby make oath and declare that:

I AM THE PERSON MENTIONED IN THE ACCOMPANYING DEGREE, DIPLOMA OR CERTIFICATE NAMELY: **LIST MEDICAL SCHOOL DIPLOMA, MEDICAL LICENSE, AND SPECIALIST CERTIFICATE AND DATE YOU OBTAINED EACH**

(a) date

(b) date

(c) date

Submitted by me in support of my application to be registered/ licensed as a Medical Practitioner/ Intern/ Specialist/ Dentist in the Kingdom of Swaziland.

(2) The said Degree/Diploma/Certificate were/was issued to me after examination and is/are my own lawful property, and entitles me as far as professional qualifications are concerned, to practise as a Medical Practitioner/ Dentist/ Intern/ Specialist in the Country of their origin namely:

WHAT COUNTRY YOU ARE LICENSED TO PRACTICE MEDICINE, (i.e. USA, Canada, etc.)

(3) The course of study in professional subject undergone by me covered a period of years. The last academic years of professional study for the admission to the examination for the Degree, Diploma or Certificate in respect of which I apply for registration were taken at

NUMBER OF YEARS AS A RESIDENT

CITY, STATE, AND COUNTRY OF WHERE YOU COMPLETED YOUR MEDICAL RESIDENCY

TOTAL NUMBER OF YEARS IN MEDICAL SCHOOL AND RESIDENCY

(4) I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief there are no proceedings involving me in any country at the present time.

**** SIGN ONLY IF YOU DO NOT HAVE A CRIMINAL RECORD. IF YOU HAVE A CRIMINAL RECORD, SEE QUESTION #5****

YOUR SIGNATURE **

(SIGNED)

SWORN BEFORE ME AT **TIME** THIS **DATE** DAY OF **MONTH** 20 **YEAR** THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS THEREOF.

REVENUE STAMP (E2.00)

(SIGNED)
JUSTICE OF THE PEACE OR
COMMISSIONER OF OATHS

TO BE COMPLETED BY A NOTARY, INCLUDING NOTARY'S SIGNATURE AND NOTARY STAMP

(5) Insert name of University or Medical/ Dental School

If the applicant is unable to make declaration in paragraph 4 the council, in order to consider the application will require full particulars of the reason of this inability.

**** SIGN ONLY IF YOU HAVE A CRIMINAL RECORD AND DID NOT SIGN IN QUESTION #4****

TO BE COMPLETED BY A FELLOW MEDICAL DOCTOR, SUCH AS THE PERSON WRITING YOUR RECOMMENDATION LETTER

YOUR SIGNATURE **

.....
(SIGNATURE)

PART II

The undersigned.....

Of the address;

HEREBY MAKE OATH AND DECLARE THAT:

I personally know..... **YOUR NAME**

Whose signature appears above. To the best of my knowledge and belief the statement in his declaration are true. I consider him/her to be fit and proper person to be registered as a Medical Practitioner/Dentist/Specialist.

.....
(SIGNATURE)

REVENUE STAMP (E2.00)

***THE SIGNATORY SHOULD PREFERABLY BE A MEDICAL PRACTITIONER OR DENTIST**

DISREGARD ALL INFORMATION BELOW

NOTE

BEFORE REGISTRATION CAN BE COMPLETED, THE FOLLOWING ARE REQUIRED:

1. Degrees, Diploma and certificates in support of qualification.
(ALL CERTIFICATES MUST BE CERTIFIED PLEASE).
2. Certificate of goodstanding from the Medical and Dental Council of the country in which you are presently practicing.
3. Two recent passport sized photographs signed by a person who knows you or the Secretary of the Council.
4. Registration certificates from the Medical and Dental Council of the country in which you are presently practising.
5. Fee for registration as a Medical Practitioner E1000.00
 Fee for registration as a specialist E1500.00
 Fee for registration as a Dental Practitioner E1000.00
 Fee for Licensing E700.00
 Fee for Internship E500.00
 Registration of additional qualification (each) E250.00

PART D:
EXAMPLES OF REQUIRED DOCUMENTS

EXAMPLE OF A LETTER OF GOOD STANDING



MEMBERSHIP VERIFICATION

June 16, 2010

In response to a recent request, this letter confirms that _____ is a member of the Utah Medical Association in good standing. His membership dates are as follows:

If you need further information, please advise.

Sincerely,

UTAH MEDICAL ASSOCIATION

Vice President, Membership

pd

310 E 4500 S Ste 500
Salt Lake City, UT 84107

Utah Medical Association

ph 801.747.3500
fx 801.747.3501

EXAMPLE OF A TRANSLATED DOCUMENT



REPUBLIQUE DEMOCRATIQUE DU CONGO

UNIVERSITE DE KINSHASA
FACULTE DE MEDECINE

DIPLOME N° 102.9195.06

Nous, Président, Secrétaire et Membres du jury chargé le procéder aux examens du troisième doctorat en médecine.

Attendu que le (la) nommé(e) [redacted] né(e) à *Kinshasa* le [redacted] 19[redacted]

est porteur du diplôme de gradué en sciences biomédicales et des certificats de réussite du premier et du deuxième doctorat en médecine.

Attendu qu'il/elle a réussi avec la mention *Satisfaction* en date du *26 juillet 2008*

les examens inscrits au programme du troisième doctorat en médecine.

Avons conféré et conférons à [redacted]

le grade de **DOCTEUR EN MEDECINE**.

En foi de quoi, nous lui avons délivré le présent Diplôme, attestant en même temps qu'il/elle a suivi régulièrement les cours et exercices prévus au programme et que toutes les prescriptions légales en vigueur ont été observées.

AU NOM DU PRESIDENT DE LA REPUBLIQUE:

Nous, Président, Secrétaire et Membres de la Commission d'Entérinement, attestons que le présent Diplôme a été délivré régulièrement et que toutes les conditions prescrites par la législation congolaise relatives à la collation des grades académiques ont été observées.

En foi de quoi nous l'avons entériné le *27 novembre 2008*
et enregistré sous le n° *11252* folio *B*
Fait à Kinshasa le *26 décembre 2008*

Pour la Commission d'Entérinement,
Le Secrétaire,

[Signature]



Le Ministre de l'Enseignement
Supérieur et Universitaire,

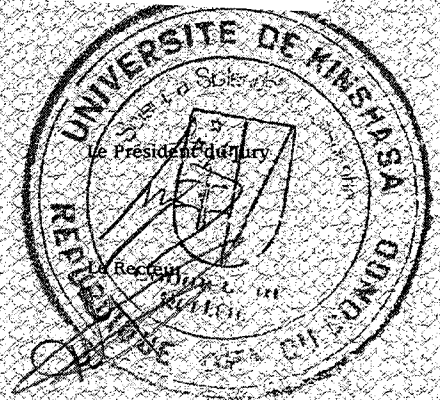
[Signature]

Le Secrétaire du jury,

[Signature]

Le Porteur,

[Signature]



Le Président du jury,

[Signature]

Le Recteur,

EXAMPLE OF TRANSLATED DOCUMENT

**DEMOCRATIC REPUBLIC OF CONGO
UNIVERSITY OF KINSHASA
FACULTY OF MEDICINE**

DEGREE N °102.9195.06

We, the President, Secretary and Members of the Jury in charge of proceeding the examinations for the third doctoral level in medicine,
Seeing that the named.....
born in..... on the
Is the holder of the degree in biomedical sciences and of the certificates of success for the first, and second doctoral level in medicine.

Seeing that he/she has passed with..... on the... the written exams programmed for the third doctoral level in medicine.....
Have conferred and confer to

.....
The Degree **DOCTOR IN MEDICINE**, option,orientation.....

For that reason we have issued the present degree, certifying at the same time that he/ she has regularly followed the subjects and tests according to the program and that all the legal regulations have been respected.

We, Ministry of Higher Education and Universities, on proposal of the committee approval, certify
That the present degree has been delivered according to the regulations and all the Conditions prescribed by the Congolese law related to the graduation of the academic grades have been respected.

Issued in Kinshasa on the 11th September 2008

Therefore we have confirmed the validity of the degree on the

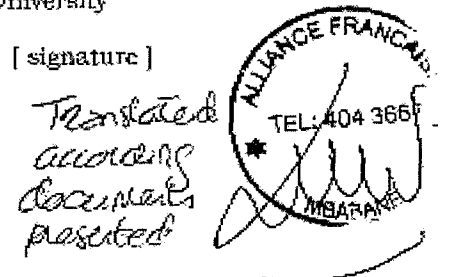
The Secretary of the Jury The President of the Jury

And have registered it under the number 11252 folio CCXXVI register litter B
Issued in Kinshasa on the 03rd December 2008

For the ratification committee The Ministry
[signature] [stamp] [signature]

The Holder The Chancellor of the University
[signature] [stamp] [signature]

NOTE: The English translation is on regular white paper and does not need to have the university's stamp nor be on it's letterhead.



PART E:
BLANK APPLICATION FORM

THE MEDICAL AND DENTAL PRACTITIONERS ACT OF 9TH JANUARY 1970

APPLICATION FOR REGISTRATION

THE UNDERSIGNED (FULL NAME)

OF (address)

hereby make oath and declare that:

**I AM THE PERSON MENTIONED IN THE ACCOMPANYING DEGREE,
DIPLOMA OR CERTIFICATE NAMELY:**

(a) date

(b) date

(c) date

Submitted by me in support of my application to be registered/ Licensed as a Medical Practitioner/ Intern/ Specialist/ Dentist in the Kingdom of Swaziland.

(2) The said Degree/Diploma/Certificate were/was issued to me after examination and is/are my own lawful property, and entitles me as far as professional qualifications are concerned, to practise as a Medical Practitioner/ Dentist/ Intern/ Specialist in the Country of their origin namely:

.....
(3) The course of study in professional subject undergone by me covered a period of years. The last academic years of professional study for the admission to the examination for the Degree, Diploma or Certificate in respect of which I apply for registration were taken at

.....
(4) I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief there are no proceedings involving me in any country at the present time.

.....
(SIGNED)

**SWORN BEFORE ME ATTHIS..... DAY OF
20..... THE DEPONENT HAVING ACKNOWLEDGED THAT HE/SHE KNOWS
AND UNDERSTANDS THE CONTENTS THEREOF.**

.....
(SIGNED)
JUSTICE OF THE PEACE
OR COMMISSIONER OF OATHS

REVENUE STAMP (E2.00)

(5) Insert name of University or Medical/ Dental School

If the applicant is unable to make declaration in paragraph 4 the council, in order to consider the application will require full particulars of the reason of this inability.

.....
PART II

The undersigned.....

Of the address;

HEREBY MAKE OATH AND DECLARE THAT:

I personally know.....

Whose signature appears above. To the best of my knowledge and belief the statement in his declaration are true. I consider him/her to be fit and proper person to be registered as a Medical Practitioner/Dentist/Specialist.

.....
(SIGNATURE)

REVENUE STAMP (E2.00)

***THE SIGNATORY SHOULD PREFERABLY
BE A MEDICAL PRACTITIONER OR DENTIST**

.....
NOTE

**BEFORE REGISTRATION CAN BE COMPLETED, THE FOLLOWING ARE
REQUIRED:**

1. Degrees, Diploma and certificates in support of qualification.
(ALL CERTIFICATES MUST BE CERTIFIED PLEASE).
2. Certificate of goodstanding from the Medical and Dental Council of the country in which you are presently practicing.
3. Two recent passport sized photographs signed by a person who knows you or the Secretary of the Council.
4. Registration certificates from the Medical and Dental Council of the country in which you are presently practising.
5. Fee for registration as a Medical Practitioner E1000.00
 Fee for registration as a specialist E1500.00
 Fee for registration as a Dental Practitioner E1000.00
 Fee for Licensing E700.00
 Fee for Internship E500.00
 Registration of additional qualification (each) E250.00

PART F:
BLANK MEDICAL CERTIFICATE

SWAZILAND



GOVERNMENT

THE IMMIGRATION ACT, 1982
(NO. 17 OF 1982)

SECTION 12(1) (d)

MEDICAL CERTIFICATE

DATE:

PLACE:

I hereby certify that I have examined

and find that he/she is not mentally or physically defective in any way except

.....
.....
.....
that he/she is not an idiot, epileptic, insane, mentally deficient, deaf and dumb, deaf and blind or dumb and blind and that he/she is not suffering from leprosy, tuberculosis, or trachoma.

SIGNATURE:

NB: Any physical or mental defects should be stated with an indication of their nature and extent.

ADDITIONAL QUESTIONS OR PROBLEMS:

If you have any questions on registering as a doctor in Swaziland, please contact Meghan Swor at mc-volunteers@jhpiego.net.

Thank you and we look forward to working with you!

Map of Swaziland

