

Carriacou Health Services, Inc.

Credentialing Form

Date: _____

First Name: _____ Last Name: _____

Medical Specialty: _____

Services: _____
(Interested in providing Continuing Medical Education Courses)

Date of Birth: _____

Mailing Address: Street: _____

City: _____ State: _____ Country Code: _____

Business Number: _____ Fax Number: _____

Email Address: _____

Dates available to provide services: _____

GRENADA MEDICAL REGISTRATION BOARD REQUIRED FOR HEALTH REGISTRATION IN GRENADA

- Original or Notarized copy of Degree(s)
- Original or Notarized copy of Professional License or Registration from country of last registration
- Two (2) Recent Letters of References or Testimonials
- Up-To-Date Curriculum Vitae
- Recent Certificate of Good Standing issued by Medical Board or Hospital in last country of employment

Or

- Clearance by General Medical Council (where applicable)

Processing Fee: \$100.00USD waived for the first year of operation: July '05 – July '06... \$ _____
(non-refundable)

Please attach above forms to the application and mail to address below.

Carriacou Health Services, Inc
40 West 135th St. Ste. 1N
New York, NY 10037

Or

Carriacou Health Services, Inc
Hillsborough, Carriacou
Grenada, West Indies

Tel# 212-234-8706*Fax# 212-234-2119*GLMitchel@aol.com*CHS Carriacou@aol.com