

Commonwealth of Dominica



Office of the Maritime Administrator

**TO:** ALL SHIPOWNERS AND OPERATORS OF MERCHANT VESSELS,  
SALES AND FILING AGENTS, FLAG STATE INSPECTORS AND  
MEDICAL PRACTITIONERS

**SUBJECT:** APPROVAL OF MEDICAL PRACTITIONERS

**PURPOSE:** PROVIDE GUIDELINES AND CRITERIA FOR APPROVAL OF  
MEDICAL PRACTITIONERS UNDER THE STCW CONVENTION, AS  
AMENDED

**APPLICABILITY:** This Policy Letter applies to all medical practitioners

**General**

1. This Policy Letter establishes the criteria necessary for recognition of medical practitioners for the purposes of seafarer medical examinations, in accordance with regulation I/9 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, as amended (STCW Convention), and section A-I/9 of the STCW Code.
2. Medical practitioners who apply and have been found to be appropriately qualified and experienced will be registered and receive a Medical Approval Certificate issued by the Dominica Maritime Registry.
3. Any individual who undergoes a medical exam from a medical practitioner approved by the Dominica Maritime Registry and submits a medical examination form which indicates they have been found medically fit under the provisions of the STCW Convention will be eligible to receive a Seafarer Medical Certificate issued in accordance with the provisions of the STCW Convention.
4. All medical certificates issued under the authority of the Commonwealth of Dominica may be verified by visiting our website [www.dominica-registry.com](http://www.dominica-registry.com).

**Requirements for Approval as a Medical Practitioner**

5. Medical practitioners requesting recognition must demonstrate the following:
  - .1 Accreditation and good standing by the practitioners national medical registration authority;
  - .2 Experience in general and occupational medicine or maritime occupational medicine;

- .3 Adequate knowledge of the living and working conditions on board ships and the job demands on seafarers in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through special instruction and through knowledge based on personal experience of seafaring;
- .4 Adequate facilities for the conduct of examinations that are conveniently situated for access by seafarers and enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness;
- .5 Adequate knowledge of Marine Safety Circular 03-13 Guidance on Medical Exams and Certificates for Seafarers and the ILO/WHO publication Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, as amended by any subsequent publication;
- .6 Understanding of their ethical position as a examining medical practitioner acting on behalf of the Commonwealth of Dominica;
- .7 Enjoys professional independence from shipowners, seafarers, and their representatives in exercising their medical judgment in terms of the medical examination procedures.

#### **Application for Approval as a Medical Practitioner**

6. Medical practitioners seeking approval must complete the medical practitioner application which is annexed to this Policy Letter.
7. Upon receipt of a completed application the applicant's information will be reviewed. Upon successful review the applicant's information will be entered into the Dominica medical practitioner database and be issued a Medical Approval Certificate valid for five (5) years.

**Specific questions may be directed to:**

**Mariner Safety Department**  
Tel: + 1 508 992 7170  
e-mail: [seafarercomplaints@dominica-registry.com](mailto:seafarercomplaints@dominica-registry.com)

**-End-**



**COMMONWEALTH OF DOMINICA  
OFFICE OF MARITIME AFFIARS**

**Application for Medical Practitioner Registration**

**INSTRUCTIONS:**

**ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED** (except where optional is indicated) in order for your application to be processed.

Please submit a signed completed application, with supporting documentation as indicated below to [registration@dominica-registry.com](mailto:registration@dominica-registry.com) for processing.

The cost for review, processing and issuance of the Medical Approval Certificate is \$50 USD and an invoice will be provided upon receipt of the application. Payment may be made by credit card or bank transfer and upon receipt of the application fee the application will be processed.

<b>NAME OF APPLICANT</b> (Last, First)	<b>DATE OF BIRTH</b> (Day, Month, Year)
<b>ADDRESS</b> RESIDENTIAL	<b>CONTACT INFORMATION</b> Telephone Number and Email Address
<b>BUSINESS</b>	Telephone Number and Email Address

**ADDITIONAL INFORMATION TO BE ACCOMPANIED WITH THIS APPLICATION:**

- Current CV or Resume
- Proof of accreditation by national medical registration authority
- Proof of current good standing by national medical registration authority
- Copy of valid passport

AFFIRMATION BY MEDICAL PRACTITIONER

I, applicant, have read and understanding of Policy Letter 05-14, Marine Safety Circular 03-12 and the ILO/WHO publication Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, as may be amended by any subsequent publication and agree to abide by the policy and guidelines contained therein.

I, applicant, further agree to notify the Dominica Maritime Registry Inc. upon any material changes to the information contained in this application and affirm that the contents of this application and supporting material are true under the penalties of law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature: Please use the space below to sign your name clearly, without touching any of the box lines. This signature will be transferred to Medical Certificates for seafarers who receive medical exams from your office.



Stamp: Please use the space below to place your medical stamp clearly, without touching any of the box lines. This stamp will be transferred to Medical Certificates for seafarers who receive medical exams from your office.

