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Authorised independent registered medical practitioners

LGPS 54

SCHEME EMPLOYER: MEDICAL PRACTICE:		
NAME	SIGNATURE	General Medical Council Registration Number
I certify that the above named		
(a) holds a diploma in occupational m by a competent authority in an EEA S authority" has the meaning given by s	State; and for the purposes of t	his definition, "competent
(b) is an Associate, a Member or a Fe equivalent institution of an EEA State	•	ional Medicine or an
Please attach photocopies of the appr	ropriate certificates.	
SIGNED ON BEHALF OF SCHEME EM	PLOYER:	
NAME:	DATE:	
INAIVIL.		
POSITION:		

DATE: