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The Gazette of the Democratic Socialist Republic of Sri Lanka

EXTRAORDINARY

අංක 2110/54 - 2019 පෙබරවාරි මස 15 වැනි සිකුරාදා - 2019.02.15
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PART I : SECTION (I) — GENERAL

Government Notifications

L.D.B. 123/48(iii)

THE MEDICAL ORDINANCE (CHAPTER 105)

REGULATIONS made by the Minister of Health with the consultation of the Council of the Ceylon Medical College under Section 72 read with Sections 7, 8 and 11 of the Medical Ordinance (Chapter 105).

DR. RAJITHA SENARATNA,
Minister of Health, Nutrition & Indigenous Medicine.

Colombo,
12th February 2019.

Regulations

1. (1) These Regulations may be cited as the Medical (Certificate) Regulations No. 01 of 2019.

(2) The provisions of these regulations shall come into operation on the date on which the notification of approval of Parliament is published in the *Gazette*.

2. Any person who desires to obtain a Certificate of Efficiency or Certificate of Proficiency, in any category of courses specified in Schedule I to these regulations shall submit an application to the Registrar of the Council of the Ceylon Medical College substantially in Form “A”, “B”, or “C” as the case may be set out in Schedule II hereto with certified copies of the Certificates, accompanied by a fee determined by Council of the Ceylon Medical College.

3. The Registrar of the Council of the Ceylon Medical College may where necessary, require an applicant to furnish further information



4. There shall be an Evaluation Committee consisting of -

(a) the following ex-officio members :-

(i) Registrar of the Council of the Ceylon Medical College ;

(ii) Registrar of the Deputy Registrar or Senior Assistant Registrar of the Faculty of Medicine of the University of Colombo ; and

(b) not more than three members from among persons who have had experience and shown capacity in the relevant fields, to be appointed by the Council of the Ceylon Medical College.

5. Upon the receipt of an application under regulation 2, the Registrar of the Council of the Ceylon Medical College shall refer such application to the Evaluation Committee.

6. The Evaluation Committee shall, on consideration of the matters contained in the application either to recommend the application to the Council of the Ceylon Medical College for the award of a Certificate of Efficiency or Certificate of Proficiency as the case may be in respect of the relevant field of expertise, or to refer the application for the conduct of an examination as determined by the Evaluation Committee, or reject the application for reasons to be assigned therefor.

7. (1) Where the Evaluation Committee is satisfied that the applicant has completed the appropriate course conducted by a recognized government institution or university or institution within or outside Sri Lanka acceptable to the Council of the Ceylon Medical College, in relation to the relevant fields of study, the Evaluation Committee shall recommend to the Council of the Ceylon Medical College awarding of Certificate of Efficiency or Certificate of Proficiency in the relevant category.

(2) Where an applicant who has completed examinations specified in Column II for the corresponding category of courses specified in the Column I of the Schedule III or has completed the appropriate examinations and holds an appropriate qualification from an institution within or outside Sri Lanka approved by the Council of the Ceylon Medical College having regard to the standard of training and education at such institution as to be suitable for the award of a Certificate of Efficiency, Certificate of Proficiency or Diploma of Efficiency by the Council of the Ceylon Medical College shall be awarded with Certificate specified in the Column III of the Schedule III.

Schedule I

(Regulation 2)

Categories of the Courses

1. Apothecary	10. Medical laboratory technologist
2. Audiologist	11. Midwives
3. Chiropodist	12. Nutritionist
4. Clinical physiologist	13. Occupational therapist
5. Clinical psychologist	14. Ophthalmic auxiliaries
6. Dietitian	15. Pharmacist
7. Electrocardiograph recordist	16. Physiotherapist
8. Electroencephalograph recordist	17. Radiographer
9. Estate apothecary	18. Speech therapist

Certificate of Efficiency

1. Apothecary
2. Estate apothecary
3. Midwives
4. Pharmacist

Certificate of Proficiency

1. Audiologist	9. Nutritionist
2. Chiropodist	10. Occupational therapist
3. Clinical physiologist	11. Pharmacist
4. Clinical psychologist	12. Physiotherapist
5. Dietitian	13. Radiographer
6. Electrocardiograph recordist	14. Speech therapist
7. Electroencephalograph recordist	
8. Medical laboratory technologist	

Diploma of Efficiency

Apothecary

Schedule II

(Regulation 2)

Form “A”

COUNCIL OF CEYLON MEDICAL COLLEGE

Application for Certificate of Efficiency as

1. Surname (IN BLOCK LETTERS) :
2. Other names (IN BLOCK LETTERS) :
3. Address (IN BLOCK LETTERS) :
:
4. Telephone : E-mail :
5. Date of birth :
6. Sex :
7. National Identity Card Number :
& Date
8. Application for Certificate of Efficiency as : (Please tick the appropriate cage)

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | 1. Apothecary |
| <input type="checkbox"/> | 2. Estate apothecary |
| <input type="checkbox"/> | 3. Midwives |
| <input type="checkbox"/> | 4. Pharmacist |

9. Institute of Training :
10. Country of origin :
11. Period of Training :
12. Final Examination passed :

- (a) Title of Examination :
- (b) Institution and centre :
- (c) Month and year :

13. Present Employment
14. Posts held (with dates) Post From to
15. Any other relevant particulars :

I declare that the information furnished in this application are true and correct.

.....
Signature of the applicant.

Full Name (IN BLOCK LETTERS) :
Date :
Witness :
Signature :
Name :
Address :

Note : Please enclose the photocopies of the original documents do not send the originals.

Form "B"

COUNCIL OF CEYLON MEDICAL COLLEGE

Application for Certificate of Efficiency as

1. Surname (IN BLOCK LETTERS) :.....
2. Other names (IN BLOCK LETTERS) :.....
3. Address (IN BLOCK LETTERS) :.....
:.....
4. Telephone :..... E-mail :.....
5. Date of birth :.....
6. Sex :.....
7. National Identity Card Number :.....
and Date

8. Application for Certificate of Proficiency as : (Please tick the appropriate cage)

<input type="checkbox"/>	1. Audiologist	<input type="checkbox"/>	9. Nutritionist
<input type="checkbox"/>	2. Chiropodist	<input type="checkbox"/>	10. Occupational therapist
<input type="checkbox"/>	3. Clinical physiologist	<input type="checkbox"/>	11. Pharmacist
<input type="checkbox"/>	4. Clinical psychologist	<input type="checkbox"/>	12. Physiotherapist
<input type="checkbox"/>	5. Dietitian	<input type="checkbox"/>	13. Radiographer
<input type="checkbox"/>	6. Electrocardiograph recordist	<input type="checkbox"/>	14. Speech therapist
<input type="checkbox"/>	7. Electroencephalograph recordist		
<input type="checkbox"/>	8. Medical laboratory technologist		

9. Institute of Training :.....
10. Period of Training :.....
11. Final Examination passed :.....

- (a) Title of Examination :
- (b) Institution and centre :
- (c) Month and year :

12. Present Employment
13. Posts held (with dates) Post From to
14. Any other relevant particulars :

I declare that the information furnished in this application are true and correct.

.....
Signature of the applicant.

Full Name (IN BLOCK LETTERS) :
Date :

Witness :

Signature :

Name :

Address :

Date :

Note : Please enclose the photocopies of the original documents, do not send the originals.

Form "C"

COUNCIL OF CEYLON MEDICAL COLLEGE

Application for Diploma of Efficiency as

1. Surname (IN BLOCK LETTERS) :
2. Other names (IN BLOCK LETTERS) :
3. Address (IN BLOCK LETTERS) :
:
4. Telephone : E-mail :
5. Date of birth :
6. Sex :
7. National Identity Card Number :
& Date
8. Application for Certificate of Proficiency as :

☐ Apothecary

9. Institute of Training :
10. Period of Training :
11. Final Examination passed :

- (a) Title of Examination :
- (b) Institution and centre :
- (c) Month and year :

12. Present Employment :
13. Posts held (with dates) Post From to
14. Any other relevant particulars :

I declare that the information furnished in this application are true and correct.

.....
Signature of the applicant.

Full Name (IN BLOCK LETTERS)

Date :

Witness :

Signature :

Name :

Address :

Date :

Note : Please enclose the photocopies of the original documents, do not send the originals.

Schedule III

(Regulation 7)

<i>No.</i>	<i>Category of the subject</i>	<i>Examinations</i>	<i>Type of Certificates</i>
1.	Apothecary	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Efficiency or Diploma of Efficiency
2.	Audiologist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
3.	Chiropodist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
4.	Clinical physiologist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
5.	Clinical psychologist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
6.	Dietitian	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
7.	Electrocardiograph recordist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
8.	Electroencephalograph recordist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency

Schedule III (Contd.)

<i>No.</i>	<i>Category of the subject</i>	<i>Examinations</i>	<i>Type of Certificates</i>
9.	Estate apothecary	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Efficiency
10.	Medical laboratory technologist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
11.	Midwives	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Efficiency
12.	Nutritionist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
13.	Occupational therapist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
14.	Ophthalmic auxiliaries	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
15.	Pharmacist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Efficiency or Certificate of Proficiency
16.	Physiotherapist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency

Schedule III (Contd.)

<i>No.</i>	<i>Category of the subject</i>	<i>Examinations</i>	<i>Type of Certificates</i>
17.	Radiographer	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency
18.	Speech therapist	Degree or Diploma from a recognized university or institution within or outside Sri Lanka - acceptable to the Council of Ceylon Medical College.	Certificate of Proficiency

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