

*****This form should be completed by the employer*****

Declaration of Independent Registered Medical Practitioner used for Ill-Health Certificates

Name of Employer

I set out below the details of the independent registered medical practitioner(s) from which the named employer will obtain certificates prior to making decisions regarding the scheme's ill health provisions under Regulation 35, 37 or 38 of the current LGPS rules or any corresponding regulations of earlier LGPS rules:

Name of Medical Officer

Formal title used by Medical Officer e.g. Occupational Health Physician

Address of Medical Officer

Qualification of Medical Officer

Outline how the Medical Officer falls within the definition of Independent Registered Medical Practitioner (IRMP)¹

The medical officer is registered with the General Medical Council and.....
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I confirm that the above details are true and accurate, and I request that the employer's choice of IRMP for the purposes of the LGPS be approved by the administering authority.

Name (please print)

Post Designation

Signed

Date

¹ IRMP means an independent registered medical practitioner who is registered with the General Medical Council and either holds a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA state (within the meaning given by section 55(1) of the Medical Act 1983); or is an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or an equivalent institution of an EEA state.