

THE HEALTH PROFESSIONS AUTHORITY, TURKS & CAICOS ISLANDS

Town Center Mall - 2nd Floor, 23 Parade Avenue, Providenciales, Turks & Caicos Islands, W.I.

Tel: (649) 338-5140 Email: hpaapplications@gov.tc

CHECKLIST FOR REGISTRATION/PRACTISE LICENCE

Name: _____

Profession: _____

Council: _____

Application Year: _____ Date Received: _____

Intended Place of Work: _____

- Application for Registration
- Application for Licence to practise
- Proof of malpractice insurance
- Notarized evidence of identity (Passport or National Identification Card)
- TOEFL _____
- Original or notarized copy of relevant qualification in the health discipline in English
- Proof of clinical practice over the past 24 months
- Police record dated within the past three months to the date of application
- Original letter of good standing or online verification certificate of good standing, of not more than three months old
- Original or notarized copy of the registration and current licence to practise in another jurisdiction
- Detailed curriculum vitae
- Two passport size photographs, notarized on the back
- References: () current or last employer () fellow professional () person of good repute
- Non-Islander - letter of intent from an employer within the Islands, indicating the continuation of applicant's employment for the application year
- Notarized copy of any change of name, conviction notices and disciplinary findings
- Original or notarized copy of evidence of completion of internship
- Proof of Payment of Application Fee (\$50) (Not applicable to TCIG employees)



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions

