

# THE HEALTH PROFESSIONS AUTHORITY, TURKS & CAICOS ISLANDS

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## FORM 8

### SUBMISSION FORM FOR CREDIT OF CONTINUING EDUCATION (CE) / PROFESSIONAL DEVELOPMENT HOURS

#### The Health Professions Regulations 2019 (Section 19.1)

I, .....First Name Last Name (As on Registration Certificate)

Registration No.:	Licence No.:
Profession:	
Work Address:	
Phone Contact:	Email Address:

Hereby submit the following number of hours of continuing professional education as established under the Health Professions Ordinance 2016 and the Health Professions Regulations 2019:

#### FORMAL LEARNING ACTIVITIES

Description	Location	Date	Number of Hours

#### INFORMAL LEARNING ACTIVITIES

Description	Location	Date	Number of Hours

I DO HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE:

Signature: .....

Date: .....



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions



Allied Health Professions and Pharmacy Professions



Allied Health Professions and Pharmacy Professions