## 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

## **APPLICATION FOR LICENCE TO PRACTISE**

l,				•••••	
First Name	Middle Name			Last Name	
apply for a licence to practise in the	ne Turks and Caicos	Islands unde	r the Health Profess	ions Ordinance:	
Registration No.:		Profession:			
Potential Work Address:					
		9			
Applicant's Home Address:		5		Z	
Phone Contact:		Email Add	lress:	5	
List any continuing professional ed	ducation received o	over the past	/ear		
Nature	Location	7//	Date	Number of Hours	
Fee enclosed: \$					
I DO HEREBY CERTIFY THE ABOVE	INFORMATION TO	BE TRUE			
Signature:			Date:		









