

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

NOTICE OF IMPENDING ABSENCE FROM PRACTICE

I,.....
First Name Middle Name Last Name

Work Address:	
Registration No.:	Date of Registration:
Profession:	

Hereby notifies the Council that I will be absent from professional practice in the Turks and Caicos Islands from To

Expiration Date on Last Practising Certificate:	Practising Licence No.:
Phone Contact:	Email Address:

State reasons for the impending absence from practice in the TCI:

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I DO HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE

Signature:..... Date:

Date of approval of the suspension of practice:

Signature:



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions

