

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 RENEWAL OF LICENCE TO PRACTISE

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

apply for renewal of a licence to practise in the Turks and Caicos Islands under the Health Professions Ordinance:

Registration No.:	Profession:
Expiration Date on Last Practising Certificate:	Certificate No.:

Work Address:	
Home Address:	
Phone Contact:	Email Address:



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions



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List any continuing professional education received over the past year

Nature	Location	Date	Number of Hours

State details of any investigation, criminal, professional or similar proceedings begun or decided against you within the Turks and Caicos Islands or in any other jurisdiction over the past two years?

Fee enclosed: \$.....

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

