



# THE HEALTH PROFESSIONS AUTHORITY, TURKS & CAICOS ISLANDS

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

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

## REQUEST FOR LETTER OF GOOD STANDING

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

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

<b>Profession:</b>	<b>Registration No.:</b>
<b>Name and Address of Place of Employment:</b>	

Hereby requests the Health Professions Authority to prepare a Letter of Good Standing in professional practice within the Turks & Caicos Islands.

<b>Name and Title of Person to Whom Letter should be Addressed:</b>	
<b>Name and Address of Overseas Regulatory Body:</b>	
<b>Phone Contact:</b>	<b>Email Address:</b>

Application fee: .....

I DO HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE

Signature of Applicant: .....

Date: .....

Received By: .....

Signature: .....

Date: .....



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions

