

REQUEST FOR LETTER OF GOOD STANDING

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

Registered to practise in the Turks and Caicos Islands under the Health Professions Ordinance:

Profession:	Registration No.:
Name and Address of Place of Employment:	

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

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

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

