### **The Commonwealth of The Bahamas**

##### **Health Professions Council**

###### **Guidelines for Registration**

***Attached is an application for registration to be completed and returned to the Registrar, Health Professions Council along with apostilled copies of the below listed documents as indicated by an \*.***

Please tick 🗹 appropriate boxes to ensure that all information (apostilled copies) is submitted

* Birth Certificate \* ❑
* Police Certificate (original) ❑
* Health Certificate (original & completed by a Medical Physician) ❑
* Passport size photograph ❑
* Completed Posts Held form ❑
* Completed authorization form (release of information) ❑
* Certificate(s) \*
  + M.Sc. ❑
  + B.A./B.Sc. ❑
  + Diploma ❑
  + A.A. ❑
  + Cert./Other ❑
* Current Registration Certificate and Certification or

License where applicable ❑

* Employment sponsorship letter (non-Bahamians & Emergency Services Technicians only)
  + Private ❑
  + Government ❑
* Copy of current Work Permit ❑
* Three (3) references (written original with original signatures)
  + Professional (2) ❑
  + Character (1) ❑

**PLEASE NOTE:**

1. **No application will be processed until the above documents are received, along with a non-refundable evaluation fee of Fifty dollars ($50.00 - Bahamians), Seventy-five dollars ($75.00 – Non-Bahamians)**
2. A registration fee is required to be paid on notification of approval of the application. *(Payment by check, cash or credit card).*
3. Legal action **will be** taken against any person who gains employment as a Health Professional, and is **not** registered and licensed to practice.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **$ AMOUNT** | **RECEIPT No.** |  |
| REGISTRATION FEE |  |  | For official use only |

###### **Application form for Registration**

###### **(Section 12 - the health professions act,** 1998**)**

Profession:

1. Name in full:

(surname) (given names)

2. Date of Birth: 3. Age: 4. Sex:

(mm/dd/yy)

5. Place of Birth: 6. Nationality: 7. Marital Status:

8. Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(home and cell) (work)

9. Postal Address: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

(home) (work)

10. E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(e.g. next of kin)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: Telephone:

12. Professional Qualifications:

Name & Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of Training Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Qualifications obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_

**( Apostilled copies of diploma, degree, license, certification)**

13. List of additional and/or higher qualifications:

Name & Address \_\_\_\_\_\_\_\_\_\_\_\_\_

of Training Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Qualifications Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_

**(Apostilled copies of diploma, degree, license, certification)**

14. State type of practice you wish to pursue:

(professional classification)

15. Referees &

Addresses:

📷

PLACE PHOTO HERE

16. Attach a recent photograph of yourself:

1. Have any proceedings ever been initiated against you by any Allied Health Professions Licensing Authority? (provide details):

1. For persons trained outside The Bahamas, please submit an apostilled copy of current certificate of registration.

I hereby enclose the evaluation fee of Fifty Dollars ($50.00 - Bahamians) or Seventy-five Dollars (US$75.00.- Non-Bahamians.)

I hereby forward my application and I promise, in the event of my being so registered (on payment of a fee of dollars) to be bound by, and to conform in all respects to the Regulations in force.

I declare that I can clearly read, write, speak and understand the English Language (non-English speaking applicants must attach proof of proficiency in English). I further declare that the information contained in this application is true and correct. Should any changes occur in the documentation presented with my application, I shall promptly notify the Council of the changes.

Signature of Applicant: Date:

**FORM TO BE COMPLETED AND RETURNED TO:**

**THE REGISTRAR**

*Health Professions Council*

P.O. Box N-7528

Nassau, The Bahamas

Office hours: Monday to Friday 9:00 a.m. – 5:00 p.m.

Telephone: (242) 326-7740 ⬝ (242) 326-0566

Telefax: (242) 326-0537

|  |  |
| --- | --- |
| **For Office Use Only** |  |
| REGISTRATION NUMBER |  |
| REGISTRATION DATE |  |

### **The Commonwealth of The Bahamas**

##### **Health Professions Council**

###### **Posts Held**

State all posts held since graduation, including type of experience gained.

|  |  |  |
| --- | --- | --- |
| **Dates** | **Post held & Experience Gained** | **Institution**  **(full Address)** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

TO APPLICANT:Please sign both authorization forms.

Name of Applicant:

Address:

Dear Sir/Madam,

I, , hereby request you to release any information on me, relative to my character and professional ability to the Health Professions Council, Commonwealth of The Bahamas.

Signature: Date:

Social Security No./

National Insurance No: Date of Birth:

TO APPLICANT:Please sign both authorization forms.

Name of Applicant:

Address:

Dear Sir/Madam,

I, , hereby request you to release any information on me, relative to my character and professional ability to the Health Professions Council, Commonwealth of The Bahamas.-----------------------

Signature: Date:

Social Security No./

National Insurance No: Date of Birth:

Name of Applicant:

Dear Applicant,

**RE: REGISTRATION AND LICENSURE**

Please ensure that all sections of the application form are completed. Also, ensure that all of the required documents outlined on the guide sheet (the first sheet attached to the application form) accompany your application. Once this has been done follow the steps below.

1. All copies of original documents including degrees, diplomas, licenses and certifications must be notarized by a notary public and apostilled in the jurisdiction where qualifications were obtained. However, the following original documents must be submitted: police certificate, health certificate, three letters of reference (two professional and one character):\*

\*Letters of reference should include the referees’ addresses, proper contact information

and non-computerized, authentic signatures. Referees should know the applicant for at least two (2) years. Please note that all documents will remain the property of the Council.

1. Once your documents have been notarized, submit them to the Ministry of Foreign Affairs, Consulate Office, or Agency in the country responsible for authentication/legalization of documents where they were obtained.

If the country is party to the Hague Convention, once the process is completed as per item 2, forward your documents to the Health Professions Council.

If the country is not party to the Hague Convention continue to item 3.

1. Once the process has been completed as per item 2, your documents should be forwarded to the Ministry of Foreign Affairs in The Bahamas. (Follow instructions applicable to the Ministry of

Affairs).

Please note that the registration process cannot commence if all of the requirements are not completed.

The Council reserves the right to request additional information or documentation relevant to the registration process.