The Commonwealth of The Bahamas

 **HEALTH PROFESSIONS COUNCIL**

 **APPLICATION FOR ANNUAL LICENSING**

 **SECTION 13 – THE HEALTH PROFESSIONS ACT, 1998)**

Profession: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Professional Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

 **(Surname) (Given name(s) in full)**

 (Any change of name since registration)

Place of Employment: (1) (2)

Department: (1) (2)

Post Held: (1) (2)

**NOTE:**

**All Non-Bahamians must present a current work permit or contract along with application. (Only a notarized copy will be accepted if the original cannot be presented for verification).**

Date of Birth: Nationality:

Phone Numbers: Home: Work:

Postal Address: Home: Work: \_

E-mail address:

Registration/License Number:

Additional Qualifications

Obtained since last renewal:

**(Please enclose originals**

**Or notarized copies)**

***....../ CONT.***

 **Continuing Professional Education (CPE)**

 Obtained in past two years

|  |  |  |
| --- | --- | --- |
| **Name & Location of Institution** |  **(Subject) Course/Programme** |  **Date Obtained** |
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 I hereby forward my application accompanied by the prescribed fee of  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 as well as a **License Identification fee of Fifteen Dollars($15.00)** and I declare that the particulars contained in this application are true and correct.

 **As a Non-Bahamian, I have attached a notarized copy of my current work permit or contract.**

Signature of Applicant: Date:

**Space for official use only:**

Application Number:

 (Receipt number)

 Health Professions Council

 P.O. Box N-7528

 Nassau, Bahamas

 Office Hours: Monday to Friday 9:00 a.m. -5:00 p.m.

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