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)**

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**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.

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