

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)**

CONTINUING PROFESSIONAL EDUCATION (CPE)

Obtained in past two years

NAME & LOCATION OF INSTITUTION	(SUBJECT) COURSE/PROGRAMME	DATE OBTAINED

I hereby forward my application accompanied by the prescribed fee of Two Hundred (\$200.00) as well as a **license identification fee of \$10.00** and I declare that the particulars contained in this application are true and correct.

As a Non-Bahamians, 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, The Bahamas

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