



THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission
PHARMACY COUNCIL

3rd Floor, Government Administration Building, 133 Elgin Avenue
Box 132 Grand Cayman KY1-9000, CAYMAN ISLANDS
Telephone: (345) 949 -2813 / 946 -2084
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REGISTRY MAINTENANCE ADMINISTRATIVE FORM (RMAF)

Dear Practitioner: This RMAF page must be printed and returned with the original signature (not scanned or faxed) along with the rest of your registration documents.

	Complete the Following
P.O. Box _____ KY1- _____ CAYMAN ISLANDS	Please make corrections in this column: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr
Full name	
Local street address & District	
Local telephone numbers	Home: Cell:
Registered profession	
Personal email	
Work/ public email	
Specialty registration	
Registration number	
Affiliate / Employer / Facility	
Date of birth	
Place of birth	
Nationality	** <input type="checkbox"/> Work Permit Holder <input type="checkbox"/> Right to work <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student visa
Overseas telephone numbers	
Permanent address*	P.O. Box _____ KY - _____
Work street address	# & Street _____ District _____
Have you been arrested or convicted of a crime (in any country) since registering in the Cayman Islands?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been the subject of professional disciplinary action (in any country) since registering in the Cayman Islands?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently the subject of any professional investigation, or disciplinary proceedings, which has or not been completed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes is stated to any of the above three questions, then enclose a statement explaining the nature of the charge(s), date(s) and disposition(s). Your statement may be enclosed in a sealed envelope and addressed to the Council.	
* Overseas information is required if you are a work permit holder; ** If you have status or permanent residence, please ensure your file has a certified copy of your certificate.	

I understand that the Council should be notified of any changes, "not less than fourteen days after [I have] received notice of such matter", and giving false or misleading information may result in removal of my name from the register.

Signature of applicant _____ Date _____