



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

Email: hpbusers@gov.ky Website: www.dhrs.gov.ky



Health Practice REGISTER Information

For Official Use Only

1. Entry No

2. Date of Entry

3. Full name

☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr

D.O.B.

dd/mm/yy

Sex: ☐ M ☐ F

☐ Other

Last Name

Middle Name (s)

First Name

Maiden Name

4. Nationality

Place of
birth

Nationality

Country of
Passport

Immigration: ☐ Caymanian /Status Holder ☐ Permanent Resident
☐ Right to work ☐ Work Permit Holder ☐ Student

5. Address

Local address: Local address:
Mailing Physical

P.O. Box

KY -

& Street

District

Local telephone no(s)
Mobile

Home

Overseas Address

Overseas telephone no

Personal email

Affiliate / Employer / Facility

Work address:
Mailing

Work address:
Physical

P.O. Box

KY -

& Street

District

Telephone

Work email

6. Registered profession

Registration Profession / Practitioner Type

Specialty registration requested? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, Specialty
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7. Professional qualifications		
Abbreviations after name		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		

8. Council's decisions, including any restrictions on practice:

☐ Deferred (and able/unable to work) for reasons listed below:

Deferred 1 date _____ Deferred 2 date _____ Deferred 3 date _____

☐ **DENIED - Reason:** _____

☐ Approved in Principle (and able/unable to work) upon receipt of documents listed below:

☐ Fully Approved as _____ (Classification)

_____ (Specialty) **Comments**

9. Details of Registration

a. Registration List: Principal Provisional Institutional

Registration List b. Specialty

c. Additional Notes

10. Registration date

Expiration date

Registrar's remarks

Registrar's signature _____ Date _____