

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

1. Entry No Sext Miss. Middle Name (s)	For Official Use Only					
Mr. Mrs. Miss. Ms. Dr D.O.B. dd/mm/yy	1. Entry No		2. Date of Entry			
Mr. Mrs. Miss. Ms. Dr D.O.B. dd/mm/yy						
Country of Passport Immigration: Caymanian /Status Holder Permanent Resident Passport Work address:	3. Full name					
East Name Middle Name (s) First Name Maiden Name 4. Nationality Place of birth Nationality District Country of Passport Immigration: Caymanian /Status Holder Permanent Resident Passport Right to work Work Permit Holder Student 5. Address Local address: Local address: Mailing Physical P.O. Box KY - # & Street District Overseas Address Overseas telephone no Personal email Work address: Mailing P.O. Box KY - # & Street District Work address: Physical P.O. Box KY - # & Street District Overseas telephone no Personal email Work address: Physical P.O. Box KY - # & Street District				Sex: □ M □ F		
First Name Maiden Name			Middle Name (c)			
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6. Registered profession	6. Registered profession					
Registration Profession / Practitioner Type						

Specialty registration	If yes,	
requested? ☐ No ☐ Yes	Specialty	
7. Professional qualifications		
Abbreviations after name		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		1
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, includin	g any restrictio	ns on practice:				
☐ Deferred (and able/una	able to work) fo	r reasons listed b	pelow:			
Deferred 1 date	Deferred	d 2 date	Deferred 3 date			
☐ DENIED - Reason:						
☐ Approved in Principle (and able/unable to work) upon receipt of documents listed below:						
\square Fully Approved as $_$	pproved as (Classification)					
	(Specialty) Comments					
9. Details of Registration	D · · · ·	.	1 22 2			
a. Registration List: Registration List b. Special		Provisional	Institutional			
riegistration List b. Special	ity					
c. Additional Notes						
10. Registration date			Expiration date			
Degistror's remarks						
Registrar's remarks						
B						
Registrar's signature			Date			