



# THE DEPARTMENT OF HEALTH REGULATORY SERVICES

## Health Practice Commission

### NURSING AND MIDWIFERY COUNCIL

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## HEALTH PRACTICE ACT (2021 Revision)

### Health Practitioners Renewal of Practising Licence Application

I, \_\_\_\_\_ am licensed as \_\_\_\_\_ under  
the Health Practice Act (2021 Revision) and my licensure as such expires on \_\_\_\_\_  
and I am hereby applying for a renewal of my practising licence for a period of two years.

The practising licence fee of \_\_\_\_\_ is enclosed herewith.

Practising Licence Number \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICIAL USE ONLY – Payment Information

Payment Amount: KY/ US \$

Cash / Cheque / Bank Draft

Bank of:

No.

Receipt #:

Received & reviewed by:

Date:

#### COUNCIL USE ONLY – Council Review

☐ Approved as:

(Classification of Specified Profession)

☐ Approved in Principle pending:

☐ Deferred pending:

☐ Denied:

Additional Notes:

Chairperson Signature:

Date: