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: hpc@gov.ky Website: www.gov.ky/dhrs

Health Practice REGISTER Information

For Official Use Only	
1. Entry No	2. Date of Entry

3. Full name		
☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Dr ☐ Other_____	D.O.B. dd/mm/yy	**Sex:** ☐ M ☐ F
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 P.O. Box KY__-_____	Work address: Physical # & Street District
Telephone	Work email

6. Registered profession
Registration Profession / Practitioner Type

Specialty registration requested? ☐ No ☐ Yes	If yes, Specialty

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 _____