Cayman Islands

COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

Guidelines for Renewal of Practising License

The following guidelines are in accordance with the Health Practice Act (2026 Revision) ("HPA"), Health Practice (Amendment and Validation) Law, 2020, the Health Practice Regulations (2021 Revision), and the Health Practice (Amendment) Regulations, 2020

Registration and Renewal Periods

Pursuant to Sections 24A – 27A of the HPL/Health Practice (Amendment and Validation) Law, 2020:

Principal List

- The registration certificate for practitioners registered on the Principal list will not expire unless the holder ceases to maintain the practising license for a period not less than 5 consecutive years or the holder ceases to maintain the requirements for registration.
- **Renewal** of a practising license certificate for practitioners registered on the Principal list will be granted for a period of two years, and expires on the anniversary of the licensee date of birth.

Institutional List

- The registration certificate for practitioners registered on the Institutional list will expire every two years and practitioners wishing to renew his/her registration must apply at least **60 days** prior to the expiration of the registration certificate.
- **Renewal** of a practising license certificate for practitioners registered on the **Institutional** list will be granted for a period of two years and may be renewed for consecutive periods not exceeding two years in any period.

Provisional List

- The registration certificate for practitioners registered on the Provisional list will expire every two years and practitioners wishing to renew his/her registration must apply at least **60 days** prior to the expiration of the registration certificate.
- **Renewal** of a practising license certificate for practitioners registered on the Provisional list will be granted for a period not exceeding two years and may be renewed every two-years while the practitioner is working towards a relevant qualification recognized by the Council.

Late Fees

Pursuant to Schedule 2, Section 6 (5) of the Health Practice (Amendment) Regulations, 2020, a late fee of $100.00 will be applied where renewal of a practising license is not made **at least 28 days** before the date of expiry of the practising license for practitioners on the Principal list and **at least 60 days** for practitioners on the Institutional and Provisional list.

Council Meeting Requirements

As per Schedule 3 Section 6(1) of the HPL, "A Council shall meet as often as it considers necessary but not less than once every three months." Therefore, applications may be processed between **30 to 90 days** of receiving the application."

Document Requirements for Renewal

The following documents are required for the maintenance of your practising license:

- The Original and fully completed Health Practitioners Renewal of Practising Licence Application form (HPL-Form B).
- Registry Maintenance Administrative Form (RMAF)
- Conduct Statement form
- Continuing Education Summary form with the continuing education listed.
- Original continuing education certificates are required. Should you opt to keep the originals, you must present the originals and one copy of each certificate. Copies will be authenticated by the administrative secretary at the Health Practice Commission and the originals will be returned to the applicant.
- A copy of current malpractice insurance, liability insurance, **and** health insurance.
- Appropriate fees

Pursuant to Section 27A (4) of the HPL,

A practising licence shall not be issued to a registered practitioner unless the Council is satisfied that the registered practitioner has adequate malpractice insurance, liability insurance, other relevant insurance or indemnity cover obtained from an authorised insurer and approved by the Commission.

In accordance with subsection (2) or (2A) of the Health Practice (Amendment and Validation) Law, 2020,

Where an application for the renewal of a practising licence is made before the expiry of the practising licence but has not been dealt with by the relevant Council at the time the practising licence is due to expire, the practising licence continues in force until the application for renewal is dealt with; and any renewal in such a case shall be taken to have commenced from the day on which the practising licence would have expired but for the renewal..

Removal from the Registry

Pursuant to Section 27A (5) (6),

(5) If the name of a registered practitioner is removed from the register, any practising licence issued to him shall cease to be in force.

(6) If, for a period of not less than five consecutive years, a registered practitioner ceases to be in possession of a practising licence, the name of the registered practitioner shall be removed from the register, unless he applies to the relevant Council to be retained on the register and pays the prescribed fee.

The forms for renewal of a Licence to Practice with additional information can be obtained on the website at www.dhrs.gov.ky. You are ultimately responsible for providing the renewal documents and fees in a timely manner.

Notification of Changes

Pursuant to Section 30 (6) of the HPL, a registered practitioner shall notify the Council of-

a) any change relating to his contact information or contact details;
b) any change in his registration or licensure in any other jurisdiction;
c) any conviction in any other jurisdiction of criminal charges or any proceedings relating to professional misconduct pending in relation to that person in the Islands or in any other jurisdiction occurring after registration;
d) any other material particular as the Council may require; or
e) any change in the scope of practice in the profession in respect of which he is registered,

within such period as the Council determines but not less than fourteen days after the person has received notice of such matter, and the registrar shall, with regard to any change under paragraph (a), (b) or (d), amend the register accordingly.

The Council accepts no responsibility for documentation errors due to incorrect information, when the practitioner has not given timely notice of the necessary changes.

Offences

Practicing without a valid licence is a contravention of Section 27A (1) of the HPL, which states, "A registered practitioner shall only practice as a practitioner while in possession of a valid practicing license, issued by the Council in the prescribed form on payment of the prescribed fee to the registrar."
Further, Section 27A (7) states,

A person who:

(a) Practices in contravention of subsection (1); or
(b) being a registered practitioner, practices without having adequate malpractice insurance, liability insurance, other relevant insurance or indemnity cover approved by the Commission,

commits an offence and is liable on summary conviction to a fine of twenty-five thousand dollars.

Fee Schedule		
List	**Period of Registration**	**Licensure Fees**
Application Fee - All applicants except nursing students	Initial Registration	CI$500.00 – One time, non-refundable fee
Principal	Practising license	Fees for Doctors (Chiropractors, Optometrists, & Osteopaths (trained in the USA) - CI$1600.00 every two years All other practitioners – CI$1,000.00 every two years At initial registration, the fees shall be proportioned to the number of unexpired months in the relevant period based on the applicant's birth date, part of a month being calculated as one month.
Provisional – (Non-Caymanians)	Practising license	Fees for Doctors (Chiropractors, Optometrists, & Osteopaths (trained in the USA) - CI$1600.00 every two years All other practitioners – CI$1,000.00 every two years
Provisional – (Caymanian, permanent resident and spouse of Caymanians)	Practising license	No fee
Institutional	2 years	CI$1,200.00 every two years
Expedited Fees		Emergency – $ 1000.00 Urgent – $800.00 Express – $650.00
Late Fee		Principal list (renewal applications not submitted **at least 28 days** prior to expiry of practising license) – $100.00 Institutional & Provisional list (renewal applications not submitted **at least 60 days** prior to expiry of practising license) – $100.00

Schedule 6 Section 21 (1) Professions allied with Medicine			
No	**Profession**	**No**	**Profession**
1	Acupuncturists	**24**	Medical Laboratory Technologists
2	Audiologists	**25**	Nuclear Medicine Technologists
3	Biomedical Scientists	**26**	Naturopathic Doctors
4	Chiropodists	**27**	Nutritionists
5	Chiropractors	**28**	Occupational Therapists
6	Counselors/Therapists	**29**	Ophthalmology Assistants/Technicians
7	Cytotechnologists	**30**	Opticians
8	Dialysis Technologists/Therapists	**31**	Optometrists
9	Dieticians	**32**	Orthoptists
10	Emergency Medical Dispatchers	**33**	Osteopaths (not trained in the United States of America)
11	Emergency Medical Responders	**34**	Paramedics
12	Emergency Medical Technicians - Basic	**35**	Phlebotomists
13	Emergency Medical Technicians - Intermediate	**36**	Physiotherapists
14	Forensic Scientists	**37**	Polysomnographic Technologists Level
15	Histotechnologists	**38**	Psychologists - Doctorate
16	Homeopaths	**39**	Psychologists - Master Level
17	Hyperbaric Medicine Technicians/Technologists	**40**	Radiographers
18	Kinesiotherapists	**41**	Respiratory Therapists
19	Laser Technicians	**42**	Social Workers
20	Massage Therapists	**43**	Speech Therapists
21	Medical Aestheticians	**44**	Surgical Technicians/Technologists
22	Medical Herbalists	**45**	Ultrasound Technicians
23	Medical Laboratory Technicians	**46**	Vascular Scientists/Technologists

Department of Health
Regulatory Services
Cayman Islands Government

Council for Professional Allied with Medicine (CPAM)

Renewal Application Checklist

Applicant's Name: _____ **Expiry Date** _____

Applicant's Date of Birth : _____

Profession: _____ **Specialty:** _____

Reg.Type: *PL*, IL, ProvL

Date:	**Admin Secretary :**	**Time:**

Schedule Fees

☐Routine Application **Fees :** ☐ Practicing Fee CI$_____ ☐ Late Fee CI$_____	**Pursuant to the Health Practice Regulations (2021 Revisions) Section 7 (2) an application for the renewal of the practising licence shall be made at least twenty-eight (28) days before the date of expiry of the practising licence .** **Late fee:** $100.00 **Note:** Fees **Principal List** Pursuant to the Health Practice Regulations (2021 Revision) Schedule 2 Section 4 (1) (a) Fees to practice as a **Chiropodist, Chiropractor, Optometrist,** and **Ostheopath** fee is **CI$1600.00** Fees for Institutional List Pursuant to to the Health Practice Regulations (2021 Revision Schedule 2 Section 4 (2) (a) to practice as a **Chiropodist, Chiropractor, Optometrist**, and **Ostheopath** fee is **CI$2000.00.**

1	Original Application Form – Form B	☐ Dated:	
2	Original Registry Maintenance Administrative Form (RMAF)	☐ Dated:	
3	Original Conduct Statement Form (Signed by Manager /Director / Owner of Facility)	☐ Dated:	
4	Original Continuing Education Summary Form CE Certificates : (submit Originals with copies should you opt to keep the originals)	☐ Dated : No. _____ Hours	
5	Current Medical Malpractice Insurance Certificate (Coverage area/Region : Must be Cayman Islands)	☐ Dated Exp:	

See continued Education requirements on 2nd page

Continuing Education (CE) Requirements Renewal of Licence to Practice

Profession	Minimum CE Hours per Renewal	Profession	Minimum CE Hours per Renewal
Acupuncturists	10	Nuclear Meddical Technologists	20
Audiologists	10	Nutritionists	30
Biomedical Scientist	20	Occupational Therapists	20
Chiropodists	10	Opthalmology Assistants/Technicians	20
Chiropractors	20	Opticians	20
Counselor/Therapists	20	Optometrists	30
Cytotechniologists	20	Orthoptists	20
Dialysis Technologists/Therapists	20	Osteopaths (not trained in USA)	20
Dieticians	30	Paramedics	30
Emergency Medical Technicians	20	Phlebotomists	20
Forensic Scientists	20	Physiotherapists	20
Homeopaths	10	Polosomnographic Technologist	20
Kinesiotherapists	20	Psychologists- Doctorate Level	20
Laser Technicians	20	Psychologists- Master Level	20
Massage Therapist	10	Radiographers	20
Medical Aestheticians	20	Respiratory Therapists	20
Medical Herbalists	10	Speech Therapist	10
Medical Lab Technicians	10	Surgical Technicians/Technologists	20
Medical Technologists	20	Ultrasound Technician or Sonographer	20
Naturopathic Doctors	20	Vascular Scientist /Technologists	20

Continuing Education hours must be completed in the last twenty four months.

Sixty (60) percent of CE must be SPECIFIC to the practitioner's discipline and must be provided from an accredited institution representing that discipline alone. Medscape cannot be used for the 60% specific hours.

The 40% can be in an area of General Medicine Related Topics (of which 20% only can come from Medscape). Approving the suitability of training as CE is subject to the Council's discretion.

The original CE Certificates must be provided. Copies should be provided if the practitioner wishes to have the originals returned. All certifcates must state the practitioners name and the number of CE hours obtained. Otherwise a course detail or transcript must be provided with the certificate.

CEs cannot be carried over for use in the following year's registration.

THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission
COUNCIL for PROFESSIONS ALLIED with MEDICINE
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.dhrs.gov.ky

HEALTH PRACTICE ACT (2026 Revision)
Health Practitioners Renewal of Practising Licence Application

I, _____am licensed as _____ under the Health Practice Act (2026 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:

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REGISTRY MAINTENANCE ADMINISTRATIVE FORM (RMAF)

Please review the information held in the Health Practice Register and make your changes or corrections in the far right column. All forms must be signed and returned to the Health Practice Commission even if there are no changes or corrections.

	Complete the Following
P.O. Box _____ KY1- CAYMAN ISLANDS	***Please make corrections in this column:*** **☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms.**
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	**☐ Caymanian ☐ Permanent Resident ☐ Work Permit Holder**
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?	**☐ No ☐ Yes**
Have you been the subject of professional disciplinary action (in any country) since registering in the Cayman Islands?	**☐ No ☐ Yes**
Are you currently the subject of any professional investigation, or disciplinary proceedings, which has or not been completed?	***☐ No ☐ 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 the removal of my name from the register.

Signature of applicant _____ **Date** _____

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Health Practice Commission
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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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Practitioner's Conduct Statement

Practitioner's Name: _____

Registration Number: CPAM/_____

Practitioner's Profession: _____

Health Care Facility Registration number: HPC/HCF/_____

Health Care Facility Name: _____

The Council for Professions Allied with Medicine (CPAM) request that the owner, manager, human resources representative or department supervisor complete this form **biennially** for all CPAM practitioners under section 30(6) (c) & (d) of the Health Practice Act (2026 Revision).

Over the last twenty-four (24) months, has this practitioner been subject to any professional disciplinary action as it relates to their practice? (This includes revocation or suspension of privileges at a facility).

☐ **Yes**, please comment on the date(s), incident(s) specifics and action(s) taken.
☐ Attached on letterhead

☐ **No**

Authorised signature: _____ **Date:** _____

Print name: _____ **Title:** _____

OFFICIAL USE ONLY

_____

_____

_____

COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

Continuing Education Summary Form

Name:

Registration No:

Please list your Continuing Education (CE) classes/program completed and attach the certificates in the same order.

TYPES OF CONTINUING EDUCATION:			
LIVE	Presentations, seminars, conference/workshops attended.	**INTERNET**	Online CE Programs
WORK	Enhancing professional knowledge through work related activities **[must have letter signed by supervisor as proof]**	**FORMAL**	Education time towards a degree or certificate

TITLE OF PROGRAM	SPONSOR/PROVIDER	TYPE OF CE	DATE dd/Mmm/YYYY	HOURS
			CE TOTAL	

I certify that the above statement is a true and accurate record of the Continuing Education programs I completed. I am aware that any deliberate falsification included in this document will constitute a breach of good faith and result in the loss of one's license to practice. ☐ *Please see the continuation sheet (page 2)* ☐ *Final page*

Signature Date

COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

Continuing Education Summary Form

Continued, page

TITLE OF PROGRAM	SPONSOR/PROVIDER	TYPE OF CE	DATE dd/Mmm/YYYY	HOURS
			Page CE subtotal	
			CE GRAND TOTAL	

I certify that the above statement is a true and accurate record of the Continuing Education programs I completed. I am aware that any deliberate falsification included in this document will constitute a breach of good faith and result in the loss of one's license to practice. ☐ *Please see the continuation sheet (page)* ☐ *Final page*

Signature Date