THE DEPARTMENT OF HEALTH REGULATORY SERVICES
HEALTH PRACTICE COMMISSION
Government Administration Building Box 132
133 Elgin Avenue, George Town
Grand Cayman KY1-9000 CAYMAN ISLANDS
Telephone: (345) 949-2813
hpc@gov.ky

LETTER OF GOOD STANDING (LOGS) REQUEST

Council:

☐CPAM ☐MDC ☐NMC ☐PC

Requestor: _____

Requestor Email: _____

Requestor Registration Number: _____

Requestor Contact #: _____

Name of Institution: _____

Attn: _____

Mailing Address: _____

_____

_____

Email Address: _____

Please submit to hpc@gov.ky

Processing time 15 working days

Requestor will receive a copy via email.

Date Received: _____

Date Processed: _____