THE DEPARTMENT OF HEALTH REGULATORY SERVICES - Health Practice Commission

Practitioner Application Checklist

Nursing and Midwifery Council (NMC)

Applicant's Name: _____ **D.O.B.:** _____

Profession: _____ **Time:** _____ **RegistrationType:** ***PL***, **IL, ProvL**

Date:	**Attending Officer:**		**Comments**

Schedule Fees

☐ **Routine**

☐ Application: CI$500.00
☐ Registration CI$ _____
☐ Expedited Fee CI$ _____

Total Fees CI$_____
Total Months _____

Pursuant to the Health Practice Regulations (2018 Revisions) Section 7 (2)
☐ **Expedited Fees**
(HPC Law HPC Law Schedule 2 (4) a, b, c Amendment 2020 of Schedule 2 fees)
☐ ***Emergency $ 1000.00*** *(to be processed within 24 hours "**AFTER**" the application is reviewed and accepted by the Registrar)*
☐ ***Urgent $ 800.00*** *(to be processed within 3 business days "**AFTER**" the application is reviewed and accepted by the Registrar)*
☐ ***Express $ 650.00 (****to be processed within 7 business days "**AFTER**" the application is reviewed and accepted by the Registrar)*

2.	Passport-size photograph	☐**Date:**
3.	Application Form – Form A	☐**Date:**
4.	Letter of *'Good Standing'* Country:	☐**Date:**
5.	CURRENT *Licence/ Practicing Certificate Country: _____	☐**Exp. Date:**
6.	Diplomas & Certificates (Profession/Country/Yr) _____ _____ _____	**Translation** ☐ ☐ ☐
7.	Healthcare facility reg. cert. - copy	☐
8.	Letter of Affiliation: _____ Date Start: _____	☐**Emergency** ☐**Urgent** ☐ **Express** ☐ **Routine**
9.	Letter of Intent (applicant's letter)	☐
10.	Professional reference Name:	☐**Date:**
	Professional reference Name:	☐**Date:**
11.	Character reference [+4 years] Name:	☐**Date:**
12.	Police certificate Country:	☐**Dated:** ☐**Exp. Date:**
13.	Medical Report Doctor:	☐**Date:**
14.	Notarized Copy of valid passport	☐**Exp. Date:**
15.	NARI (Form D) – HP Register Information	☐
16.	Other:	