THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission
COUNCIL OF 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: hpbusers@gov.ky **Website:** www.dhrs.gov.ky

AMENDMENT OF PRACTISING LICENCE APPLICATION

I, _____ am licensed as _____ under the Health Practice Act (2021 Revision) and my licensure as such expires on _____. I am hereby applying for an amendment of my practising licence to change/ add the name/ specialty/ subspecialty _____.

Practising Licence Number _____

The amendment fee of _____ is enclosed herewith.

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)
□ Deferred pending:		
□ Denied:		
Additional Notes: Chairperson Signature:		Date: