



THE DEPARTMENT OF HEALTH REGULATORY SERVICES

Health Practice Commission

MEDICAL & DENTAL COUNCIL

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: