



Cayman Islands

COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

Guidelines for Registration

1. Application form - HPL Form A

- A fully completed application form.
- All accompanying documents are required in ENGLISH. Translated versions must be certified.
- Incomplete applications are not accepted.

2. Letter of Good Standing:

- Before an application is made, the original LOGS must be sent directly from the current registering body to the Registrar of the Health Practice Councils. The original LOGS can be sent electronically directly to the Registrar or by mail in an official sealed envelope. The LOGS should include license status, reference to professional conduct, disciplinary action, suspensions, revocation of licensure, etc.
 - The LOGS must be dated no earlier than three (3) months before the date of application,
 - Please contact this office to confirm receipt of the LOGS before submission of the application for registration

3. Current active Registration/Licence/Practicing Certificate

Principal List a

- Original or Certified copy of current licence.
- Applicants must be registered or eligible for full registration in Australia, Canada, Jamaica, New Zealand, South Africa, United Kingdom, or the United States of America

- **Institutional List**

Original or Certified copy of current licence.

NB Applicants must be registered or eligible for full registration in a jurisdiction approved for Institutional Registration by Cabinet

4. Certificates/Diplomas

- Original or certified copies of diplomas, certificates.
(Note for Massage Therapist – must submit Transcripts, outline of the Massage Therapist Course and Resume).

5. Letter of Intent.

- Enclose a cover letter stating the reason(s) for applying for registration.

6. Letter of Affiliation

- For Non-Caymanian applicants must provide a signed letter by the Clinical service manager or Director at the designated registered healthcare facility with the anticipated commencement date.
- A copy of the Registered Healthcare Facility Certificate

7. Original Police (clearance) certificate

- Dated no earlier than six months prior to application
- From the jurisdiction in which the applicant lives and/or works
- Certified copy will be accepted by mail.

8. Medical Report Form

- The medical report must be dated no earlier than six months prior to application.
- The medical practitioner must **NOT** be related to the applicant by birth, marriage or work affiliation
- The medical practitioner must have known the applicant for a period of at least two years or use records containing at least 2 years of information

9. Two Professional Reference Forms completed by Professional Referees

- Forms completed by a colleague (of equal or higher position) preferably a supervisor within the same profession.
- Each form must be:
 - dated no earlier than six months prior to application for registration;
 - accompanied by a business card, facility or official identification and contact information;
 - include the title and/or qualification of the referee (author);
 - indicate the relationship of referee (author) to applicant;
 - indicate the length of time the referee (author) has known applicant;
 - state the quality and proficiency of applicant's skills; and
 - have an original signature.

10. One Character Reference Form completed by a Referee

- Dated no earlier than six months prior to application
- The form may be completed by a person:
 - unrelated to the applicant by birth or marriage
 - of good standing in the community such as an attorney-at-law, notary public, justice of the peace, minister of religion, doctor or policeman who has known the applicant for at least four years

Exclusions:

- A Notary Public who certifies any document for the applicant is **NOT** acceptable as a referee.
- A prospective employer is **NOT** acceptable as a referee.
- The medical report must be dated no earlier than six months prior to application.
- The medical practitioner must **NOT** be related to the applicant by birth, marriage or work affiliation.

- The medical practitioner must have known the applicant for a period of at least two years or use records containing at least 2 years of information.

11. Photograph

- One full-face passport-size
- Made no earlier (older) than six months prior to application
- Certified by this office or dated & stamped by the Photo studio on the back
- Use mini binder clip to affix the photo to your application

12. Photo page of Passport

- A colour copy of the photo page of the applicant's passport
- The passport page and personal information may be presented in person to the Health Practice Commission, together with the original for verification; or a notarized copy.

13. Register information form – HPL Form D

- Must be fully completed
- ALL documents are required in ENGLISH. Translated versions must be certified.

14. All completed applications, complaints and queries are to be submitted 10 business days prior to CPAM's meeting date and shall be placed on the Agenda in the order they are received in.

15. Malpractice Insurance

The Licence to Practise (Form CA) shall only be dispensed once proof of malpractice insurance is provided and accepted by the Registrar. A copy of the malpractice insurance certificate with the practitioner's name and coverage in the Cayman Islands must be provided.

16. The Health Practice Commission has an administrative policy, which allows for ten (10) business days after the meeting date in which to communicate all meeting deliberations.

17. Such other documents and information as the Council, Chairman/Deputy Chairman and/or Registrar considers necessary in determining the application.

18. Application Fee of CI \$500.00

- The application fee is non-refundable
- A Bank Draft or certified cheque to be made payable to the ***"Cayman Islands Government"***
- The Overseas credit cards and personal cheques are not accepted.

19. Registration Certificate and Licensure to Practice Fee

- Registration fees (to be collected at the time of application)
- This fee is non-refundable after registration has been approved by the council.
- The application and annual registration fee may be included in one cheque made payable to the ***"Cayman Islands Government"***
- Fees are based on the following schedule

Fee Schedule

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	Naturopathic Doctors
3	Biomedical Scientists	26	Nuclear Medicine Technologists
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

Privacy Statement

The Council for Professions Allied with Medicine is the regulatory body for the allied professions in the Cayman Islands and operates under the Department of Health Regulatory Services. We are required by law to keep a register of qualified professionals who are licenced to practice. We handle and process personal data of individuals in order to facilitate applications for registration and renewal of practicing licences to fulfil legal statutory obligations required by law. The information provided by applicants informs the decision making of the Council, enabling admission to maintenance of accurate professional registers. All information provided is kept confidential and is only shared if the practitioner gives written permission to do so, except in the case of a criminal investigation. We may also process personal data in order to comply with audit requirements and other legal obligations; to obtain legal advice; to establish, exercise or defend legal rights; and to produce statistics or reports that do not identify any individual.