



THE DEPARTMENT OF HEALTH REGULATORY SERVICES

Health Practice Commission

COUNCIL FOR 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



REGISTRY MAINTENANCE ADMINISTRATIVE FORM (RMAF)

Please review the information held in the Health Practice Register and make your changes or corrections in the far right column. All forms must be signed and returned to the Health Practice Commission even if there are no changes or corrections.

	Complete the Following
P.O. Box _____ KY1- _____ CAYMAN ISLANDS	<i>Please make corrections in this column:</i> ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms.
Full name	
Local street address & District	
Local telephone numbers	Home: Cell:
Registered profession	
Personal email	
Work/ public email	
Specialty registration	
Registration number	
Affiliate / Employer / Facility	
Date of birth	
Place of birth	
Nationality	☐ Caymanian ☐ Permanent Resident ☐ Work Permit Holder
Overseas telephone numbers	
Permanent address*	P.O. Box _____ KY - _____
Work street address	# & Street _____ District _____
Have you been arrested or convicted of a crime (in any country) since registering in the Cayman Islands?	☐ No ☐ Yes
Have you been the subject of professional disciplinary action (in any country) since registering in the Cayman Islands?	☐ No ☐ Yes
Are you currently the subject of any professional investigation, or disciplinary proceedings, which has or not been completed?	☐ No ☐ Yes
If yes is stated to any of the above three questions, then enclose a statement explaining the nature of the charge(s), date(s) and disposition(s). Your statement may be enclosed in a sealed envelope and addressed to the Council.	
* Overseas information is required if you are a work permit holder; ** If you have status or permanent residence, please ensure your file has a certified copy of your certificate.	

I understand that the Council should be notified of any changes, "not less than fourteen days after [I have] received notice of such matter", and giving false or misleading information may result in the removal of my name from the register.

Signature of applicant _____ Date _____