THE DEPARTMENT OF HEALTH REGULATORY SERVICES - Health Practice Commission

# Council Application Checklist

Council for Professional Allied with Medicine (CPAM)

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

**Profession:** _____ **Specialty:** _____

**Time:** **Reg.Type: *PL*, IL, ProvL**

| **Date:** | **Attending Officer:** | **Comments** |
|---|---|---|

## Schedule Fees

☐ **Routine**

Total Months _____
☐ Application: CI$500.00
☐ Registration CI$_ _____
☐ Expedited Fee CI$ _____
☐ Practising CI$_____
Total fees CI$

**Pursuant to the Health Practice Regulations (2021 Revisions) Schedule 2**
☐ **Expedited Fees**
HPR Schedule 2
Section 8 ☐ ***Express $ 650.00 (****to be processed within 7 business days "AFTER" the application is reviewed and accepted by the Registrar)*
Section 9. ☐ ***Urgent $ 800.00*** *(to be processed within 3 business days "AFTER" the application is reviewed and accepted by the Registrar)*☐
Section 10. ☐ ***Emergency $ 1000.00*** *(to be processed within 24 hours "AFTER" the application is reviewed and accepted by the Registrar)*

| | | |
|---|---|---|
| 1 | Passport-size photograph | Date of taken |
| 2 | Application Form – Form A | ☐ Dated: |
| 3 | Letter of '*Good Standing*'<br>Country: | ☐ Exp. date: |
| 4 | CURRENT: Practicing Licence Certificate<br>Country: _____ | ☐ Exp. date: |
| 5 | (Profession /Country/Yr ) | ☐ Translation to English |
| 6 | Letter of Intent –Start date – Name of Affiliate-Start date | ☐ Dated: |
| 7 | Healthcare facility reg. cert. - copy | ☐ |
| 8 | Letter of Affiliation:<br>Date Start: | ☐<br>☐ |
| 9 | Police certificate<br>Country: | ☐ Dated:<br>☐ Date Exp: |
| 10 | Professional reference **1**<br>Name: | ☐ Dated: |
| | Professional reference **2**<br>Name: | ☐ Dated: |
| 11 | Character reference [+4 years]<br>Name: | ☐ Dated: |
| 12 | Medical Report<br>Doctor: | ☐ Dated: |
| 13 | Copy of passport | ☐ Exp date: |
| 14 | NARI (Form D) | ☐ |

**Note:** Fees **Principal List** Pursuant to the Health Practice Regulations (2021 Revision) Schedule 2 Section 4 (1) (a) Fees to practice as a **Chiropodist, Chiropractor, Optometrist,** and **Ostheopath** fee is **CI$1600.00**
Fees for Institutional List Pursuant to to the Health Practice Regulations (2021 Revision Schedule 2 Section 4 (2) (a) to practice as a **Chiropodist, Chiropractor, Optometrist**, and **Ostheopath** fee is **CI$2000.00.**