



THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission



NURSING AND MIDWIFERY COUNCIL

Government Administration Building, 133 Elgin Ave
P.O. Box 132 Grand Cayman KY1-9000, CAYMAN ISLANDS
Telephone: (345) 949 -2813 / 946 -2084, Fax: (345) 946 -2845
Email: HPBUSERS@gov.ky Website: www.dhrs.gov.ky

REGISTRY MAINTENANCE ADMINISTRATIVE FORM (RMAF)

Dear Practitioner:

Your 2014 registration renewal package is attached. This RMAF page must be printed and returned with the original signature (not scanned or faxed), and your completed registration package. Please visit our website at www.dhrs.gov.ky for PDF forms if required.

Thank You,
DHRIS Staff

Currently recorded by HPC – Official use only		Changes / Corrections
P.O. Box _____ KY1- _____ CAYMAN ISLANDS		<i>Please make corrections in this column:</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.
Full name		
Local mailing address		P.O. Box _____ KY _____
Local street address		# & Street _____ 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		** <input type="checkbox"/> Work Permit Holder <input type="checkbox"/> Right to work <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student visa
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?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you been the subject of professional disciplinary action (in any country) since registering in the Cayman Islands?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently the subject of any professional investigation, or disciplinary proceedings, which has or not been completed?		<input type="checkbox"/> No <input type="checkbox"/> 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 removal of my name from the register.

Signature of applicant _____ Date _____

