

THE DEPARTMENT OF HEALTH REGULATORY SERVICES

Health Practice Commission



PHARMACY COUNCIL

3rd Floor, Government Administration Building, Box 132
 133 Elgin Avenue Grand Cayman KY1-9000, CAYMAN ISLANDS
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 Email: HPBUSERS@gov.ky
 Website: www.dhrs.gov.ky



Health Practice REGISTER Information

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1. Entry No

2. Date of Entry

3. Full name

Mr. Mrs. Miss. Ms. Dr.

D.O.B.
dd/mm/yy

Sex: M F

Other _____

Last Name

Middle Name (s)

First Name

Maiden Name

4. Nationality

Place
of birth

Nationality

Country of
Passport

Immigration: Caymanian /Status Holder Permanent Resident
 Right to work Work Permit Holder Student

5. Address

Local address:
Mailing

Local address:
Physical

P.O. Box

KY - _____

& Street

District

Local telephone no(s)
Mobile

Home

Overseas Address

Overseas telephone no

Personal email

Affiliate / Employer / Facility

Work address:
Mailing

Work address:
Physical

P.O. Box

KY - _____

& Street

District

Telephone

Work email

6. Registered profession

Registration Profession / Practitioner Type

Specialty registration
requested? No Yes

If yes,
Specialty

7. Professional qualifications		
Abbreviations after name		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		
Post Graduate Training		Start Date dd/mm/yy
Address	Country	End Date dd/mm/yy
Qualification		

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8. Council's decisions, including any restrictions on practice:

Deferred (and able/unable to work) for reasons listed below:

Deferred 1 date _____ Deferred 2 date _____ Deferred 3 date _____

DENIED - Reason: _____

Approved in Principle (and able/unable to work) upon receipt of documents listed below:

Fully Approved as _____ (Classification)

_____ (Specialty)

Comments

9. Details of Registration

a. Registration List: Principal *Provisional Institutional Registration List

b. Specialty

c. Additional Notes

10. Registration date

Expiration date

Registrar's remarks

Registrar's signature _____ Date _____