

THE DEPARTMENT OF HEALTH REGULATORY SERVICES
Health Practice Commission



PHARMACY COUNCIL

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



REGISTRY MAINTENANCE ADMINISTRATIVE FORM (RMAF)

Dear Practitioner:

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 <http://www.dhrs.gov.ky/portal/page/portal/hrshome/hpc/hpcforms> for PDF forms if required.

Thank You,
 DHRs Staff

		Complete the Following
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 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		** <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 _____