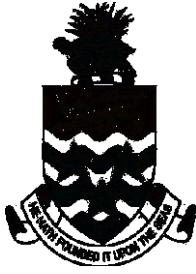


THE DEPARTMENT OF HEALTH REGULATORY SERVICES  
Health Practice Commission



COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

Government Administration Building, Box 132, 133 Elgin Ave,  
Grand Cayman KY1-9000, CAYMAN ISLANDS

Telephone: (345) 949 -2813 / 946 -2084

Email: [HPBUSERS@gov.ky](mailto:HPBUSERS@gov.ky) Website: [www.dhrs.gov.ky](http://www.dhrs.gov.ky)



COUNCIL FOR PROFESSIONS ALLIED WITH MEDICINE

The Health Practice Act (2021 Revisions)  
Practitioner's Conduct Statement Form

Practitioner Name:

Practitioner Profession:

Registration Number:

Facility Name:

The Council for Professions Allied with Medicine (CPAM) request that the owner, manager, human resources representative or department supervisor complete this form **biennially** for all CPAM practitioners under section 30(6) (c) & (d) of the Health Practice Act.

Over the last twenty four (24) months, has this practitioner been subject to any professional disciplinary action?  No  Yes

If yes, please comment on the date(s), incident specifics and action taken.

Attached on letterhead

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

OFFICIAL USE ONLY