THE DEPARTMENT OF HEALTH REGULATORY SERVICES - Health Practice Commission

Medical and Dental Council Application Checklist

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

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

Date:	**Completed by:**		**Fees Charge:**
Expedited Fees ☐***Emergency $ 1000.00*** *(to be processed within **24 hours "AFTER" the application*** (Health Practice Act Schedule 2 (4) a, b, c 2026 Revision) **Provisional Registration:** • *Registration on the **Provisional List** requires the submission of a **supervisory letter.*** ○ *Dental professionals (excluding dentists) registered on the Provisional List must **complete 500 hours** of supervised practice **before** becoming **eligible for registration on the Principal List.*** ▪ *A supervisory letter confirming completion of the 500 hours is required when applying for registration on the Principal Register.*			☐ Application: CI$500.00 ☐ Registration & Practicing Fee CI$_____ Total Months _____ ☐ Expedited Fee CI$ _____ Total Fees: CI$_____
1	Passport-size photograph	☐ Dated:	**Comments:**
2	Registry Maintenance Admin Form [RMAF]	☐	
3	Application Form – Form A	☐	
4	Curriculum Vitae or Resume	☐	
5	Letter of *'Good Standing'* (no older than 3 months) Country:	☐ Dated:	
6	CURRENT *Licence/ Practicing Certificate Country: _____	☐ Exp. date:	
7	List of licenses held	☐	
8	Reg. as a Specialist Country: _____	☐	
9	Diplomas & Certificates (Profession/Country / Yr) _____ _____	☐ Translation ☐ ☐ ☐	
10	Healthcare facility reg. cert. - copy	☐	
11	Letter of Affiliation: _____ Date Start: _____	☐	
12	Letter of Intent	☐	
13	International English Language Test Score	☐ ___.__% ☐Letter	
14	Job Description @ intended List of Duties	☐	
15	Professional reference **1** **(Must be dated within the last 6 months and provided by a practitioner who has worked with the applicant within the last 6 months.)** Name:	☐ Dated:	
	Professional reference **2** **(Must be dated within the last 6 months and provided by a practitioner who has worked with the applicant within the last 6 months.)** Name:	☐ Dated:	
16	Character Reference [+4 years] **(Must be dated within the last 6 months)** Name:	☐ Dated:	
17	Police Certificate (**Must be dated within the last 6 months**) Country:	☐ Dated: ☐ Date Exp:	
18	Medical Report **(Must be dated within the last 6 months)** Doctor:	☐ Dated:	
19	Copy of passport	☐ Exp date:	
21	New applicant Registry Information	☐	
22	Malpractice Insurance	☐Exp. date:	
23	Payment	☐Receipt: ☐Invoice No: ☐Payment date:	