THE PROFESSIONS SUPPLEMENTARY TO MEDICINE ACT, 1973

APPLICATION FOR REGISTRATION
AS A/AN

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To be filled out in the applicant's own handwriting

I hereby make application for the entry of my name in the Register of Professions Supplementary to Medicine maintained by the Minister of Health and Family Services, under Section 5, Part II of the Professions Supplementary to Medicine Act, 1973, as a qualified ______________________________ to be approved by the Council of Professions Supplementary to Medicine, and I do hereby declare that to the best of my knowledge and belief, the particulars contained herewith are true.

NAME
(Mr./Mrs./Miss) ______________________________
Surname First Middle

Maiden Name: ______________________________

CURRENT ADDRESS ______________________________

____

HOME TELEPHONE NO. ______________________________

DATE AND PLACE OF BIRTH ______________________________

NATIONALITY ______________________________

PROPOSED EMPLOYER ______________________________

PROPOSED EMPLOYER'S ADDRESS ______________________________

TELEPHONE: NO. ______________ **FACSIMILE NO.** ______________

PROPOSED POSITION ______________________________

PROFESSIONAL TRAINING (SCHOOL(S)/UNIVERSITY) ______________________________

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ADDRESS: ______________________________

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____

DURATION OF TRAINING ______________________________ 19 ____ 19 ____

20 ____ 20 ____

MEMBERSHIP IN CURRENT PROFESSIONAL ASSOCIATIONS:

1. ______________________________ MEMBERSHIP NO. ______________
2. ______________________________ MEMBERSHIP NO. ______________
3. ______________________________ MEMBERSHIP NO. ______________

POSTGRADUATE EXPERIENCE: 9 - 12 MONTHS AS REQUIRED BY SOME DISCIPLINES

POSTGRADUATE WORK EXPERIENCE/INTERNSHIP (Letters of proof are required)

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________

ADDITIONAL QUALIFICATIONS:

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PARTICULARS (if any) of striking off, refusal or removal, from any professional register, or any disciplinary action taken by any professional authority.

PARTICULARS (if any) of any conviction of any offence as a result of which a sentence of imprisonment was imposed without the option of a fine.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

1. Offer letter from Bermuda employer (applies to non-Bermudians only)
2. Letter of reference from two previous employers
3. Statement of Experience (c.v.) - (education and employment with dates)
4. One passport sized photograph
5. Certificate of Goodstanding (an original from the jurisdiction that you have been registered in for the past two years).

AND ORIGINAL DOCUMENTS OR NOTARISED COPIES OF THE FOLLOWING (Copies of already notarised copies will not be accepted). If necessary notarised translations in English

5. Diplomas and Postgraduate Certificates(s) OR Letter of Proof of Qualification (Graduation) from relevant learning institution.
6. Birth Certificate OR Internationally Recognised Passport
7. Marriage Certificate (where applicable)
8. Professional Association Membership Card or Certificate (**must be current**) (if applicable)
9. Proof of current licensure/state registration in a particular jurisdiction

Registration Fee - A cheque OR Money Order for **BD$28.00** (US$28.00 - twenty-eight dollars) - to be made payable to **THE ACCOUNTANT GENERAL, BERMUDA.**

Signature of Applicant: ____________________

Date: ____________________

Please forward completed application to: The Administrative Assistant, Council of Professions Supplementary to Medicine, P.O. Box HM1195, Hamilton HM EX, Bermuda, or hand deliver to Ministry of Health & Family Services, Park Place, 55 Par-la-Ville Road, Hamilton HM 11. **Applications should be submitted four (4) to six (6) weeks in advance of professional person arriving in Bermuda.**

FOR OFFICIAL USE ONLY

FEE PAID ☐ YES ☐ NO

APPLICATION APPROVED ☐

APPLICATION NOT APPROVED ☐

RECEIPT NO. ____________________

SIGNATURE OF **CPSM CHAIRMAN**: ____________________ DATE: ____________

COMMENTS:

MEETING MEMBERSHIP:	**NAME**	**PRESENT** YES	**PRESENT** NO	**DATE**
BOARD CHAIRMAN		☐	☐	
MEMBER		☐	☐	
MEMBER		☐	☐	
MEMBER		☐	☐	
MEMBER		☐	☐	