

CHECKLIST FOR RENEWAL OF LICENCE

Name: _____

Profession: _____

Council: _____

Application Year: _____ Date Received: _____

Current Place of Work: _____

- Renewal of Licence Application
- Original practising licence of period immediately before the renewal date, or proof of clinical practice over the past twenty- four months
- Notarized bio-data page Exp. Date: _____
- Notarized copy of valid work permit or notarized page of passport with entry and exit Turks and Caicos Islands Immigration Stamp Exp. Date: _____
- Non-Islander - a letter of intent from an employer within the Islands, indicating the continuation of applicant's employment for the application year
- Proof of malpractice insurance, liability insurance, other relevant insurance or indemnity cover Exp. Date: _____
- Proof of Payment of Application Fee (\$50)
(Not applicable to TCIG employees)



Medicine and Dentistry Professions



Nursing and Midwifery Professions



Allied Health Professions and Pharmacy Professions

