

Please note the following:

1. Your signature will be electronically generated for the preparation of your license card.
2. Additional charges will be applied for registered mail and courier services.
3. Application is not completed until fees are paid
4. Application fees are non-refundable
5. License cards are expected to be completed 2 weeks after approval of application by the Council.

By signing this form you have agreed to the terms and condition of this application.

SIGNATURE DATE

The Completed Form is to be returned to:

**The Registrar,
Council for Professions Supplementary to Medicine
50 Half Way Tree Road, Kingston Jamaica W.I**

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CONTINUING EDUCATION (CE) CREDIT			
Disciplinary Specific	Non-Disciplinary	Ethics (If Applicable)	Total
Approved By:			
	Name of Professional Rep.	Signature of Professional Rep.	Date Approved

Presented for License Preparation by: _____ Date of Presentation: _____
Name of CPSM Staff

License Prepared by: _____ Date Prepared: _____
Name of CPSM Staff