



## DHCA PROFESSIONAL LICENSE RENEWAL APPLICATION

Please check box that applies to your professional category:

Medical  Dental  Faculty  CAM  Allied Health  Nursing  Certification

Type or Print Clearly

APPLICANT INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
STREET ADDRESS/PO BOX:		COUNTRY
TELEPHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS

LICENSE INFORMATION		
PROFESSIONAL CATEGORY (Specialty)	OPERATOR/EMPLOYER	
DHCA LICENSE Number	Date of Issue	Date of Expiry

\*\*Please refer to Guidelines for DHCA Healthcare Professional License Renewal

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS			
1	Have you been the subject of any professional disciplinary action or are any such actions pending against you by DHCA or another licensing body? (examples: suspension, fine, probation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Has DHCA ever rejected your application or revoked your professional license or certificate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you been found guilty of unprofessional conduct by DHCA or another jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Have you ever been convicted or been charged with a felony after being licensed by DHCA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have a medical condition that limits or impairs or has limited or impaired your ability to engage in your professional practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Have you ever sought treatment for the use of chemical substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Have there been any claims made against your medical malpractice insurance? (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Have you completed the DHCA CPD/CEU requirements for license renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Is your medical malpractice insurance current and valid?(if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Is your Life Saver course (BLS and ACLS/ATLS/PALS etc, as applicable) current and valid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Have you had any gap in practice for over 1 year from the date you obtained the active DHCA professional license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If you have answered "yes" to any questions 1 through 7, include a brief explanation of the offence, date of action, and if applicable, the date the probation or confinement ended.			
*If you have answered "yes" to any questions 8 through 11, include proof/justification as applicable			

I, \_\_\_\_\_ (please print) hereby apply for licensure renewal to the DHCA Licensing Board. I understand that the renewal fee is not refundable. I declare and affirm that this application has been examined and completed by me, and to the best of my knowledge and belief, is in all things true and correct.

Printed Name

Signature

Date (dd/mm/yyyy)

