



CHANGE OF STATUS FORM

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

LICENSE INFORMATION		
PROFESSIONAL CATEGORY		
Letter of Acceptance (LOA)/LICENSE Number	Date of Issue	Date of Expiry

PLEASE CHECK THE APPROPRIATE BOX:

All supporting documents must accompany this application.

<input type="checkbox"/> Option A: Please change my license status to INACTIVE .	<input type="checkbox"/> Option B: Please change my license status to ACTIVE .
<input type="checkbox"/> Option C: Please exchange my LOA for an ACTIVE license.	<input type="checkbox"/> Option D: Please retain my active status, however add employer _____ Name of new employer
<input type="checkbox"/> Option E: Please retain my active status, however change employer _____ Name of new employer	

Effective Date: _____

For Options A, please submit the following:

1. End of Service Certificate from clinical facility within DHCC
2. Recommendation Letter from supervisor from clinical facility within DHCC

For Options B, please submit the following:

1. Proof of Employment Offer/Contract from new clinical facility within DHCC
2. Proof of Medical Malpractice Insurance (if applicable)
3. Copy of current and valid Life Saver course (BLS/ACLS/ATLS/PALS etc, as applicable)
4. Re-activation fees

For Options C, please submit the following:

1. Requirements 1 - 3 as stated in Option B
2. Summary of your Professional/Clinical practice since the issuance of Letter of Acceptance
3. An updated curriculum vitae, additional qualifications obtained (if any), and certificate/(s) of good standing from other regulatory bodies where an active license/(s) has/have been held
4. Proof of CPD/CEU if there is a gap in practice since issuance of LOA.

For Options D & E, please submit the following:

1. Requirements as stated in Option A
2. Requirements 1 - 3 as stated in Option B
3. Applicable Fees

I, _____ (please print) hereby certify that the information provided above in this application, including all statements and documentation, are correct and true.

Signature

Date (dd/mm/yyyy)