HEALTH PROFESSIONAL INITIAL REGISTRATION CHECKLIST

The following list identifies what supplemental documentation is required for initial registration.

Additional information pertaining to registration policies and procedures can be found in the applicable *Registration Guidelines* document published by the relevant Statutory Board or Council. Please refer to the Health Council's Health Professional Registration page for links to the Statutory Bodies *Registration Guidelines* documents.

Supplemental documentation must be uploaded and attached to your online application, unless otherwise specified below.

| Documentation | Relevant Profession | on(s) Notes |
|--|---------------------|--|
| Initial Application Form | All | <u>Health Professional Initial Registration</u> <u>Application (cognitoforms.com)</u> |
| Proof of Eligibility to Work in Bermuda | All | Letter of Employment (for potential guest workers), Bermuda passport copy with stamp, spousal letter, permanent residency card, valid work permit, etc. |
| Registration Fee Payment | All | An invoice will be sent by e-mail once completed application is submitted. Payment must be made before your application can be reviewed. |
| Proof of identification | All | Notarized copy of passport or birth certificate. |
| Proof of true likeness | All | Provide a digital head shot photo. You can take it yourself, as long as image of likeness is clear. |
| Resume/C.V. | All | Most up to date Resume/C.V. |
| Two Letters of Professional Reference | All | All references must be current (dated within the last 12 months) and on an official letterhead. They must be from two previous employers/supervisors (most current and discipline specific). |
| Copy of Degree or Diploma | All | Notarized copy of the degree or diploma that pertains to your health professional qualification. |
| Certificate of Professional Education (COPE) | Upon request | You will receive notification from the Registrar if a COPE form is required. If requested, the COPE form must be completed and sent directly to hpadmin@gov.bm from the institution where |

| | | professional educational qualifications were obtained. (COPE FORM HERE). |
|---|--|--|
| Certificate of Professional Standing (COPS) | Health professionals licensed or registered outside of Bermuda. Visiting health professionals applying for work permit | Evidence pertaining to your professional standing in any jurisdiction in which you are licensed or registered is required. The document confirming good standing must be issued by the relevant regulatory authority and attached to your application. |
| Professional Certification | Emergency Medical Service Practitioners Addiction Counsellors Diagnostic Imaging Technologists Medical Technologists | For EMSPs, proof of current certification (i.e. NREMT and CPR) For Addiction Counselors, proof of BACB Certification For DITs and MTs, proof of Board Certification in identified areas |
| Specialist Certificate | Health professionals applying for registration as a specialist | Proof of specialist certification (i.e. copy of certificate). |
| Name change verification documentation | Where applicable. | Only required if name changed and differs on application and supporting documentation. Copy must be notarized. |
| Proof of competency to practice. | Where applicable. | Refer to applicable Registration Guidelines document for specific requirements. |