



APPLICATION FOR RENEWAL OF LICENSE TO PRACTICE AS A HEALTH PROFESSIONAL

(please tick one)

Doctor

- ☐ Resident
☐ Senior resident
☐ Specialist
☐ Consultant

Dentist

- ☐ Resident
☐ Senior resident
☐ Specialist
☐ Consultant

Nurse

- ☐ General nurse
☐ Practical nurse
☐ Specialist nurse
☐ Midwife

Allied

- ☐ Dental hygienist
☐ Dietician
☐ ECG technician
☐ Laboratory technician

Allied (cont.)

- ☐ Nuclear medicine technician
☐ Optometrist
☐ Physiotherapist
☐ Prostetist
☐ Public health inspector
☐ Radiographer
☐ Respiratory technician
☐ Speech/audio therapist
☐ Other: _____

Speciality (please specify if applicable) _____

1. Personal details

License/registration no. _____ C P R no. _____

Full name (as it appears on C P R card) _____

Home address (as it appears on C P R card) _____

Tel no. (residence) _____ Mobile no. _____

Tel no. (business) _____ Fax no. _____

E-mail _____

2. Employment details

Please comment on your current status of employment ☐ Yes ☐ No

Please list in chronological order (starting with the most recent) work experience you have obtained since your last license renewal.

Employer name and address	Type (Hospital, Health center, Clinic)	Position held	Type	Area of practice	From	To
					M/Y	M/Y

3. Continuing education

Please enter all continuing education activities in which you have participated since the last renewal in the below spaces.

3.1. Programs more than a year

Please list programs exceeding one academic year in duration only. Attach certified copies of transcript.

Country	Institution	Program	Date entered	Date completed	Qualifications received

3.2. Programs less than a year

Please list all continuing education activities less than a year in duration since last renewal. Attach certified copies of attendance records.

Country	Institution	Activity (seminar, work-shop, research paper etc.	Area*	Subject/title	Date entered	Date completed

*Area: C= Clinical M= Management E= Education R= Research O= Other

I hereby declare the information submitted to be correct and truthful to the best of my knowledge.

Signature

Date

In accordance with the law in Bahrain (Decree no. 7 of 1989 for Physicians and Dentists and Decree no. 2 of 1987 for Nursing and Allied Health Professions), you are requested to notify the Licensure authority whenever you change your name, home address, or your place of practice.