PALAU BOARD OF HEALTH PROFESSIONS
APPLICATION FOR MEDICAL LICENSE
P.O.BOX 6027
KOROR, REPUBLIC OF PALAU 96940
Tel.: (680) 488-6647
Email: licensure @palauhealth.org

PHOTO

Type of license: _____ permanent: ☐
Profession temporary: ☐

Name: _____
(Last) (First) (Middle)

Mailing Address:_____

Local Residence: _____

Tel. No.: _____ Fax No.:_____ Email: _____

Date of birth: _____Place of Birth: _____ Nationality: _____

Social Security No.:_____ Height: _____ Weight: _____

Notification in case of emergency:
Name of person to be contacted: _____ Relationship: _____

Address: _____ Telephone No._____

Educational Background:
Name and Address of School Dates Degree/Field of Study

High School: _____

College/University:_____
_____

Medical School: _____

Other Training: _____

Internship/Residency/Board Certification:
Name and Address of Institution Dates Specialty

_____

*Also applicable for licensure of dentists, psychologists, veterinarians, pharmacists and chiropractors

Intended Place of Employment: _____

Employment History: (last 5 years) attach resume if available

Name and Address of Employer	Position	Dates

Jurisdiction/Countries where currently licensed:

Jurisdiction/Country: _____Licensed since: _____ Expiration Date: _____

Jurisdiction/Country: _____Licensed since: _____ Expiration Date: _____

Jurisdiction/Country: _____Licensed since: _____ Expiration Date: _____

Letters of recommendation

Name and address of person giving recommendation	Relationship to applicant	Length of time known

Questions:

1. Has your license to practice in your chosen profession in any jurisdiction or country ever voluntarily or involuntarily been revoked, suspended or restricted? Yes: ____ No: ____

2. Have you ever been reprimanded or censured by any health professional association or licensing board regarding your health professional license? Yes: ____ No: ____

3. Have you ever been convicted of a felony? Yes: ____ No: ____

If your answer to any of the foregoing questions was "Yes", please provide explanations and documentation:_____

_____

I, the undersigned, state under penalty of perjury that the foregoing is true and correct to the best of my knowledge. I understand that any falsification may be subject to prosecution, up to and including the loss of licensure and employment and employment benefits:

Signature: _____ Date: _____

(Applications will not be processed without signature)

Please follow instructions on page 3, and supply the required documentation and fees along with your application.

INSTRUCTIONS

All documentation submitted for licensure application shall be in English or an official English translation.

Documentation Required:

Please submit with completed application form copies of the following:

1. Diploma(s), degree(s), certificate (s)
2. Current license(s) in all jurisdictions and countries where licensed
3. Two letters of recommendation

All applicants shall provide 2 (two) letters of recommendation given by other physicians or professionals in similar professions as that of applicant or other qualified people who have known the applicant on a professional basis or by the applicant's teachers or other faculty members of an institution of learning at which the applicant was enrolled.

The Board of Health Professions reserves the right to request additional information such as, but not limited to, transcripts, certificates, diplomas and others.

The Board reserves the right to only issue limited licenses to applicants.

Fees Required:

Application will not be processed without required application fee. All fees are non-refundable.

Initial Application Fees: (This fee applies to permanent as well as temporary licenses)

1. Physicians (as defined in section 4.1 of the regulations of the board of health professions) dentists, veterinarian, alternative health medical practitioners, chiropractors, psychologists, and others in similar situated medical occupations:
   $100.00 for initial application and review
   $50.00 for renewal of licensure
2. Nurses (as defined in section 4.3 of the regulations of the board of health professions) and allied health professionals, such as, but not limited to, technicians, technologies, social workers, dieticians and environmental health specialists:
   $50.00 for initial application and review
   $20.00 for renewal of licensure
3. Consultants
   All consultants working in the Republic of Palau on a voluntary basis at MOH only shall be charged a $25.00 administrative fee for a temporary license.
   An additional late fee of $30.00 will be imposed for all license renewals requested more than 30 days after their renewal date.

PLEASE SEND COMPLETED APPLICATION/RENEWAL FORM TO:

Palau Board of Health Professions
Attention: Roselynne Andres

Make check payable to **Ministry of Health & Human Services**. If carried by hand, present money to Belau Hospital Collection Department. Mail completed application form with proof of payment the mailing address above. No cash payments by mail.