PALAU BOARD OF HEALTH PROFESSIONS

APPLICATION FOR LICENSE-**RENEWAL**

P.O.BOX 6027, KOROR, REPUBLIC OF PALAU 96940
TEL: (680) 488-6647; E**mail:** licensure@palauhealth.org

Personal Information

FULL NAME: _____
(last) (first) (middle)

Present Address: _____

Mailing Address: _____

Tel. No: ( ) _____ Cell No: (680) _____ Work No: ( )_____

Email: _____ Social Security No. _____-_____-_____

Date of Birth: _____/_____/_____ Citizenship: _____
Mo. Day Yr.

Current License Information:

License Number: _____ Date Issued: _____ Expiration Date: _____

Profession: _____ Type of License: _____

Current Employer: _____ Supervisor Name: _____

Continuing Education (CE):

List all trainings, workshops, classes, etc. you have attended since you received your current license. Attach copies of the certificates/awards you received from CE.

Trainings/Workshop	Dates (from-to)	Place	Credit Hrs.

Total Credit Hours: _____

Notification in Case of Emergency:

Name of Person: _____Relationship: _____ Contact No: _____

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 subject me to prosecution, including the possible loss of licensure and employment benefits.

Signature: _____ Date: _____

Required Documents/Fee: (must be submitted with this form)

1. Copies of CE Certificate(s)/Award (s)
2. Non-refundable license fee payable to Ministry of Health
   - $50- Doctors
   - $20- Nurses & Other Professionals

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****Application will not be processed without signature & required documents/fee ****

An additional late fee of $30.00 will be imposed for all license renewals requested more than 30 days after their renewal date.