

FORM E

THE COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE

Notice of Impending Absence from the Profession

Miss. /Mrs. /Mr. _____

(Name)

of _____

(Address)

Registration No: _____

Date of Registration: _____

Will be absent from practice from _____ to _____

(Date)

(Date)

Profession: _____

*In relation to your being “absent from practice” you will need to submit a formal letter to the Registrar giving the reasons for the temporary suspension of licence.
Should you wish to terminate (cancel) your licence, then the Council can be instructed to remove your name from the list of registered profession.*

E-mail Address: _____

Tel no’s: _____

Applicant’s t Signature: _____

Official use

Date of suspension (dd/mm/yyyy)

.....

Date of termination (dd/mm/yyyy)

.....

Professional Representative Signature

.....

date (dd/mm/yyyy)

.....

Registrar Signature

.....

(dd/mm/yyyy)

.....