

**Health Professions Act**

***Chapter 27:19***

**NOTICE OF INTENTION TO MAKE A MATERIAL CHANGE IN THE PARTICULARS OF  
REGISTRATION OF A HEALTH INSTITUTION**

APPLICATION FEE \$.....

CURRENT REG No.....

A. CURRENT REGISTERED PARTICULARS.....

1. FULL NAME OF HEALTH INSTITUTION.....

2. NATURE OF HEALTH INSTITUTION.....  
.....

3. PHYSICAL ADDRESS.....  
.....

4. POSTAL ADDRESS.....  
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5. TELEPHONE NUMBER (S)/CELL.....

6. NAME AND PROFESSION OF THE HEALTH PRACTITIONER IN CHARGE EMPLOYED AT THE  
HEALTH INSTITUTION:

(a) FULL NAMES.....

(b) PROFESSION.....

7. SERVICES PROVIDED AT HEALTH INSTITUTION.....  
.....

B. PROPOSED MATERIAL CHANGE (Give full details)

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I certify to the best of my knowledge and belief that the fore – going particulars are true and hereby apply for approval of the proposed changes in the registration particulars.

DATE.....SIGNATURE.....

*Person in charge of Health Institution*

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**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED.....

FEE RECEIVED (Cash, postal/money order, cheque number.

\$.....RECEIPT No.....

APPLICATION APPROVED /DEFERRED      DATE.....

**REMARKS:**

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