NURSING COUNCIL OF JAMAICA
Nurses and Midwives Act, 1964
Biennial Renewal of Licences
APPLICATION FOR INACTIVE STATUS
NB: VALID FOR ONE BIENNIUM

Section 1. PERSONAL INFORMATION

Name: __________________________________________________________________________________________

Last Name First Name Middle Name

Address: __________________________________________________________________________________________

Telephone: Mobile: Fax: Email: ____________________________

Section 2. CREDENTIALS/LICENCE INFORMATION

Check as appropriate.

RGN Licence/Number………………………… NA Licence/Number…………………………

RM Licence/Number………………………… FNP Licence/Number…………………………

RMN Licence/Number………………………… MHO Licence/Number…………………………

EAN Licence/Number………………………… MHNP Licence/Number…………………………

ARNP (Specify) Licence/Number…………………………

Date(s) of Initial Licencing:

DD MM YYYY

Date of Last Renewal of licence(s):

DD MM YYYY

Expiry Date:

DD MM YYYY

Country: __________________________________________________________________________________________

Section 3. REASON FOR INACTIVE STATUS REQUEST

Please indicate your reason(s) for the request for inactive status. (Please check all that apply)

Illness: personal family Change of employment

Raising a family Change of employment

Pursuing education Change of employment

Out of the country (migration)

Other (specify) ……………………………………………………………………………………………

Section 4. METHOD OF PAYMENT (fee is non-refundable)

Payment: □ Bank Manager’s cheque □ Money order □ Cash □ Voucher

Section 5. STATEMENT OF UNDERSTANDING

I understand that the Council may grant inactive status for a period of up to two years and that I may apply for an extension of inactive status on a biennial basis.

I also understand that during my period of inactivity I cannot practice nursing/midwifery or advanced nursing level in Jamaica; and that I must comply with the eligibility requirements current at the time I wish to renew my licence.

Signature______________________________ Date______________________________

Revised March 2017