



# THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964  
50 Half Way Tree Road  
Kingston 5, Jamaica W.I.  
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Website: [nursingcouncil.org.jm](http://nursingcouncil.org.jm)

## APPLICATION FOR BIENNIAL RENEWAL OF LICENCE

### **Instructions:**

1. Please print or type all information legibly (BLOCK LETTERS)
2. Incomplete or wrong application and documentation will **NOT** be accepted
3. In case of name change, all updates must first be made at the offices of **Tax Administration of Jamaica**

### **1. BIO DATA**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Civil Status:  Single  Married  Divorced  Widowed  Other Sex:  Female  Male

Tax Registration Number (TRN): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from home): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **2. CREDENTIALS & LICENSURE**

*Applications without this information will not be processed.*

#### **Certification**

- Certificate in General Nursing
- Certificate in Midwifery
- Certificate in Mental Nursing
- Certificate in Assistant Nursing
- Bachelor of Science – RGN (Generic)
- Other \_\_\_\_\_

#### **Registration Number(s)**

- Registered General Nurse (RGN) \_\_\_\_\_
- Registered Midwife (RM) \_\_\_\_\_
- Registered Mental Nurse (RMN) \_\_\_\_\_
- Enrolled Assistant Nurse (EAN) \_\_\_\_\_

Expiry Date of Last Licence(s): \_\_\_\_\_

### **3. PHOTO & SIGNATURE** *(only if requesting change)*

Signature Box (sign in the space **NOT** on the line)

Please attach photo here  
For Official use **only**

#### 4. EMPLOYMENT

Employment Status:     Full Time     Part Time     Unemployed     Self- Employed

Present Employer \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Post, Grade and/or Title \_\_\_\_\_

#### 5. PAYMENT METHOD

Please note **NO CASH** will be accepted at our offices.

Payment **MUST** be made at a branch of The Bank of Nova Scotia using the voucher provided by the Nursing Council of Jamaica.

#### 6. CONTINUING EDUCATION ACTIVITIES

Please present **Verification of Continuing Education Activity Forms/Certificates** and completed **Summary of Continuing Education Activity** along with this application.

#### 7. STATEMENT OF UNDERSTANDING

I hereby apply for biennial renewal of licence(s) in accordance with the Nurses and Midwives Act 1964 & Regulations, **amended April 2005** and administered by the Council. I understand that I am subject to all requirements of biennial renewal as described in the information provided by the Council, and that renewal of licence(s) depends on satisfactorily completing **all** specified requirements. If re-licensed, my name will appear on the list of re-licensed registrants/enrollees.

*I further understand that unless my licence(s) is/are renewed, I shall not practice.*

To the best of my knowledge the information provided in this application is complete and accurate.

Signature: \_\_\_\_\_ Date \_\_\_\_\_