



THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964
50 Half Way Tree Road
Kingston 5, Jamaica W.I.
Email: info@nursingcouncil.org.jm

ALL COMMUNICATIONS SHOULD BE
ADDRESSED TO THE REGISTRAR

APPLICATION FORM FOR VERIFICATION/VALIDATION OF LICENSURE

PLEASE PRINT OR TYPE

NAME OF APPLICANT: _____
FIRST NAME MIDDLE NAME LAST NAME

NAME ON REGISTER: _____
FIRST NAME MIDDLE NAME LAST NAME

NURSING COUNCIL REGISTRATION: RGN RM RMN EAN

REGISTRATION NUMBER: _____

DATE OF BIRTH (DD/MM/YYYY): _____

MARITAL STATUS: _____

TRN #: _____

TRAINING INSTITUTION: _____

INSTITUTION ADDRESS: _____

PERIOD OF TRAINING: FROM: _____ TO: _____

GRADUATION DATE (DD/MM/YYYY): _____ EXAM DATE: _____

NO. OF TIMES YOU SAT THE EXAM: _____

PLACE OF EMPLOYMENT: _____

HAVE YOU RELICENCED? _____ IF YES, BRL TRACKING #: _____

WHAT IS YOUR EXPIRY DATE (DD/MM/YYYY)? _____

CONTACT #: _____

EMAIL: _____

CREDENTIALS (CHECK AS APPROPRIATE): CERTIFICATE DIPLOMA DEGREE

PROCESSING TIMES & FEES:

- Locally trained Regular: 21 working days – US\$150 (or Jamaican equivalent)
- Trained abroad Regular: 21 working days – US\$200 (or Jamaican equivalent)

Please be advised that in addition to processing fees - the courier fee is US\$50 (optional)

Payment Type: Certified Cheque International Money Order Cash Amount Paid \$ _____

N.B.: Verification fees paid to the Council are non-refundable.

DECLARATION

I certify that the information given by me in this application is true to the best of my knowledge.

Name of applicant: _____

Signature of applicant: _____

Date (DD/MM/YYYY): _____

Please return this completed form along with the agency's form/address and evidence of payment to the above-stated address.