



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.

<input type="checkbox"/>	RGN	Licence/Number.....	<input type="checkbox"/>	NA	Licence/Number.....
<input type="checkbox"/>	RM	Licence/Number.....	<input type="checkbox"/>	FNP	Licence/Number.....
<input type="checkbox"/>	RMN	Licence/Number.....	<input type="checkbox"/>	MHO	Licence/Number.....
<input type="checkbox"/>	EAN	Licence/Number.....	<input type="checkbox"/>	MHNP	Licence/Number.....
<input type="checkbox"/>	ARNP (Specify)	Licence/Number.....			

Date(s) of Initial Licencing:

DD	MM	YYYY
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DD	MM	YYYY
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Date of Last Renewal of licence(s):

DD	MM	YYYY
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Expiry Date:

DD	MM	YYYY
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Country: _____

Section 3. REASON FOR INACTIVE STATUS REQUEST

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

<input type="checkbox"/> Illness: personal	<input type="checkbox"/> family	<input type="checkbox"/> Change of employment
<input type="checkbox"/> Raising a family		<input type="checkbox"/> Out of the country (migration)
<input type="checkbox"/> Pursuing education		<input type="checkbox"/> 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 _____