



THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964
50 Half Way Tree Road
Kingston 5, Jamaica W.I.
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Tel: 929-5118, 960-6042 Fax: 968-7269
Website: 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: _____
Marital Status: Single Married Divorced Widowed Sex: Female Male
Tax Registration Number (TRN): _____ Date of Birth: _____
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 _____

Have you ever been the subject of any proceeding concerning the practice of nursing or midwifery, since being issued a licence? Yes No **(If yes, please explain)**

Are you currently the subject of any legal proceedings or inquiry, investigation, or a proceeding for professional misconduct, incompetence, incapacity or any similar investigation concerning the practice of nursing or midwifery, since being issued a licence? Yes No **(If yes, please explain)**

5. PAYMENT METHOD

Payment can be made at any branch of The Bank of Nova Scotia using the voucher provided by the Nursing Council of Jamaica, online transfer or via debit/credit card.

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 _____