# 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
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**

PLEASE SEE NEXT PAGE

## 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.

**Note: This application along with any accompanying documents will be retained for a period of two (2) years (a Biennium), after which it will be securely disposed of.**

Signature: _____ Date _____