



THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964

50 Half Way Tree Road Kingston 5, Jamaica W.I.

Telephone: (876) 968-2642, (876) 960-0823

Email: overseas-inquiries@nursingcouncil.org.jm

Website: <https://ncj.org.jm>

APPLICATION FOR VERIFICATION/VALIDATION OF LICENSURE

Please print or type the form in BLOCK CAPS and sign and date it before submitting.

BIO DATA

Title: Mr. Mrs. Ms. Other _____

Current name of applicant: _____

First Name

Middle Name

Last Name

Marital status: Single Married Divorced Separated Gender: Male Female

Date of birth: _____/_____/_____ TRN: _____
(DD/MM/YYYY)

Mailing address: _____

Email: _____

Contact number(s): _____

Current place of employment: _____

PROFESSIONAL EDUCATION PROGRAMME

Training institution: _____

Institution address: _____

Period of training: From _____ To _____ Graduation date: _____/_____/_____
(DD/MM/YYYY)

Qualification: Bachelor's Associate Diploma Certificate Other _____

NCJ exam date: _____ No of times you sat the exam: _____
(Date when you successfully sat the licensure examination)

Was the training programme joint/franchised? YES NO
If YES, state the name of the parent institution _____

REGISTRATION DETAILS

Name when registered: _____
(If different from the above)

Licence/Registration to be verified: RGN _____ RM _____ RMN _____
 EAN _____ OTHER (Please specify) _____

Licence/Registration status: Active Inactive/Expired Current/Last licence expiry date: _____/_____/_____

Have you applied for relicensure?: YES NO If Yes, state tracking/Receipt # _____
(For persons with expired/inactive licenses)

DISCIPLINARY DECLARATIONS

Check all that applies

- 1. Have you ever been subjected to any proceeding since receiving your licence?:** Nursing Yes No
 Inquiry/investigation Incapacity Malpractice Midwifery Yes No
 Professional misconduct Incompetence/negligence Other _____ (Please state)
- 2. Has your licence ever been subject to any of the following disciplinary actions?** Yes No
 Reprimand Suspension Probation Restriction Revocation (Struck-off)
- 3. Are you currently the subject of any legal proceedings, inquiry, investigation for professional misconduct, incompetence, incapacity or any similar investigation concerning the practice of nursing or midwifery?** Yes
No

If you answered Yes, to any of the above (1-3), what was the outcome and length of the action taken?

PAYMENT

Payment method: Debit/Credit Card Online Transfer Certified Cheque International Money Order

Processing (Express) US\$200* (or Jamaican equivalent) – trained in Jamaica

fees: US\$250* (or Jamaican equivalent) – trained Abroad

Dispatch fees: US\$20.00 – email
US\$65.00 – courier

(Regular) US\$150* (or Jamaican equivalent) – trained in Jamaica

US\$200* (or Jamaican equivalent) – trained Abroad

Processing times: 21 business/work days (*Regular Service*) 7 business days (*Express Service*)

Amount Paid: \$ _____ JMD USD

METHOD OF DISPATCHING

Indicate your preferred method of sending document: Courier Registered Mail Email (*provide*)

Mailing address (if not included on Agency/Board Form) _____

Email address of Council/Board/Agency: _____

DECLARATION

I certify that the information I have provided in this application is correct to the best of my knowledge.

Name of Applicant: _____ **Signature of Applicant:** _____

Date: ____/____/_____
(dd/mm/yyyy)

- NOTE:**
1. Submit completed form, together with the agency's form/address and proof of payment to the Nursing Council of Jamaica
 2. All fees paid to the Council for Verification of Licensure are non-refundable.
 3. *The processing fee includes sending the documents via registered mail. All other services are at an additional cost.
 4. Incomplete, incorrect or missing information on this or the agency/board verification form will result in a longer processing time. **DISCLAIMER:** It is within the Council's discretion to not process applications with incomplete information or payments.
 5. This application and any accompanying documents will be retained for a period of three years, after which they will be disposed of.

FOR OFFICIAL USE ONLY:
PAYMENT VERIFIED

Name & Signature: _____