



NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964

50 Half Way Tree Road • Kingston 5 • Jamaica
Telephone: (876) 626-6042, (876) 929-5118 | Fax: (876) 968-7269
Email: info@nursingcouncil.org.jm

Application for Replacement of Licence, Certificate, or Badge

Please PRINT OR TYPE all information in BLOCK CAPITALS. Ensure that you SIGN AND DATE the form before submitting.

Reason for Request: Lost Stolen Damaged/Destroyed Other (please specify):

Section 1. Personal Information

Title: Mr. Mrs. Ms. Other _____

Full Name _____

Date of Birth _____ TRN (Tax Registration Number) _____

Contact Number(s) _____

Email Address _____

Place of Employment _____

Section 2. Professional Details (tick all that applies)

- Registered Nurse (RN)
- Registered Midwife (RM)
- Enrolled Assistant Nurse (EAN)
- Other (specify) _____

Registration Details

Year of Initial Registration _____

Council Registration Number(s) _____

Section 3. Documents for Replacement

- Licence(s)
- Registration/Enrollment Certificate
- Badge(s)
- Other (please specify) _____

Date Licence/Certificate/Badge was Lost/Stolen/Damaged: ____/____/____

Section 4. Declaration

I hereby declare that the information provided above is true and accurate and that I am the lawful holder of the documents described. I understand that providing false information may result in penalties or disciplinary actions.

Signature _____

Date _____

For Official Use Only

Fee: \$ _____ (Fee is non-refundable)

Receipt Number: _____

Payment Verified by: _____

Date of Verification: _____

Payment made online must be accompanied by proof of payment (e.g., receipt, screenshot, or transaction confirmation).

NOTE: This document shall be retained only for the duration of its intended purpose and will be securely disposed of (by shredding) after use.