



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 fees: 21-day Regular US \$200* (trained in Jamaica) US \$250* (trained Abroad)
14-day Express US \$250* US \$300*
7-day Express US \$300* US \$350*

Processing Service Required: 21 business/work days 14 business/work days 7 business/work days

Preferred Method of sending document: US\$70.00 – Courier US\$30 – email (provide) Registered Mail

Amount Paid: \$ _____ JMD USD

COUNCIL/BOARD/AGENCY CONTACT DETAILS

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 covers the cost of sending documents via registered mail. Additional services, such as wire transfers, incur separate charges. For wire transfer requests, please contact the Council to obtain the applicable rate.
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.

FOR OFFICIAL USE ONLY: PAYMENT VERIFIED	Name & Signature: _____
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