NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964

Biennial Renewal of Licences

APPLICATION FOR INACTIVE STATUS

NB: VALID FOR ONE BIENNIUM

Section 1. PERSONAL INFORMATION

Name: _____

Last Name *First Name* *Middle Name*

Address:_____

Telephone:_____ Mobile:_____Fax:_____Email:_____

Section 2. CREDENTIALS/LICENCE INFORMATION

Check as appropriate.

☐	**RGN**	Licence/Number……	☐	**NA**	Licence/Number……
☐	**RM**	Licence/Number……	☐	**FNP**	Licence/Number……
☐	**RMN**	Licence/Number……	☐	**MHO**	Licence/Number……
☐	**EAN**	Licence/Number……	☐	**MHNP**	Licence/Number……
☐	**ARNP***(Specify)*	Licence/Number……			

Date(s) of Initial Licencing:

DD MM YYYY DD MM YYYY

Date of Last Renewal of licence(s): **Expiry Date:**

DD MM YYYY DD MM YYYY

Country:_____

Section 3. REASON FOR INACTIVE STATUS REQUEST

Please indicate your reason(s) for the request for inactive status. (Please check all that apply)

☐ Illness: personal ☐ family ☐

☐ Raising a family

☐ Pursuing education

☐ Change of employment

☐ Out of the country (migration)

☐ Other (specify) ……

Section 4. METHOD OF PAYMENT *(fee is non-refundable)*

Payment: ☐ Credit/Debit Card ☐ Bank Transfer

Section 5. STATEMENT OF UNDERSTANDING

I understand that the Council may grant inactive status for a period of up to two years and that I may apply for an extension of inactive status on a biennial basis.

I also understand that during my period of inactivity I cannot practice nursing/midwifery or advanced nursing level in Jamaica; and that I must comply with the eligibility requirements current at the time I wish to renew my licence.

Signature_____ Date_____