

FORM A

NURSES AND MIDWIFES ACT 1964

APPLICATION FOR REGISTRATION AS A SHORT-TERM HEALTH PROFESSIONAL

To the Nursing Council

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

Address of Applicant

\_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Qualifications of Applicant \_\_\_\_\_

Where were Qualifications obtained?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

NOTE: \*

1. Full Registration—For full registration see attached Circular #1.
2. Certified Photostat or certified copies of academic certificates of diplomas;
3. Certificate of Registration or License;
4. Certificate of Good Standing with registering body or valid License;
5. Names and addresses of two (2) medical referees;
6. Passport size photograph.

TO BE COMPLETED BY THE REGISTRAR

Date of registration or refusal \_\_\_\_\_

Registration No. \_\_\_\_\_

Reason for refusal if refused \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Registrar

N.B. Form may be copied, not typed over.

A PERSONAL INTERVIEW IS REQUIRED FOR FULL REGISTRATION.

MINISTRY OF HEALTH

PERSONNEL DIVISION  
2-4 KING STREET  
KINGSTON

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Ministry of Labour  
1f North Street  
Kingston

Attention: \_\_\_\_\_

RE: Work Permit Exemption for Short-Term Volunteer

Please grant an exemption from the Work Permit requirement to the following:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

PROFESSION \_\_\_\_\_ QUALIFICATION \_\_\_\_\_

PERIOD OF VOLUNTEER SERVICE \_\_\_\_\_

LOCATION OF VOLUNTEER SERVICE \_\_\_\_\_

The ABOVE VOLUNTEER has been duly registered by his/her appropriate Council of Jamaica and has been given permission for the above period of service by this Ministry.

\_\_\_\_\_  
FOR: The Director of Personnel

Please attach one Passport Photograph.

**PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS**

All doctors, dentists, pharmacists, nurses, dieticians, radiographers, medical technologists, speech, occupational and physical therapists must be registered with their respective Council before practicing their professions in Jamaica, even if only for a day. (Also needing registration are dental hygienists, technicians)

**Medical Council**  
2-4 King Street  
Kingston, Jamaica  
Tel: (876) 922-3116/967-1549

**Dental Council**  
41 Main Street  
Mandeville, Jamaica  
Tel: (876) 962-6488

**Council Professions  
Supplementary to Medicine**  
2-4 King Street  
Kingston Jamaica  
Tel: (876) 922-3529/967-1549

**Nursing Council**  
The Towers  
25 Dominica Drive  
Kingston 5, Jamaica  
Tel: (876)926-6042

**No Council will give this ‘special’ registration unless they are confident that the period of volunteer service is recommended by both the local health authority and the respective head of the Department at the Ministry of Health.** The whole process will be facilitated if the form below is filled out and signed (by applicant, of sponsor for him/her, local and head office authorities) and sent with credentials and application form to the respective Council as above.

A small registration or processing fee is charged.

**The local health authority is the Medical Officer (Health).** \_\_\_\_\_

**SHORT TERM VOLUNTEER**

\_\_\_\_\_  
\_\_\_\_\_  
**Applicant’s Address**  
**Date** \_\_\_\_\_

**REGISTRAR**

\_\_\_\_\_ **COUNCIL OF JAMAICA**

I \_\_\_\_\_ apply for special registration

As a \_\_\_\_\_ in order to volunteer my service  
**Profession**

For the period \_\_\_\_\_ at \_\_\_\_\_  
Dates(specific) Facility/Location

In the (civil) parish of \_\_\_\_\_

My local contact person or sponsor is:

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**TEL. NO** \_\_\_\_\_

\_\_\_\_\_  
**Sponsor’s Signature**

**I recommend the above**

\_\_\_\_\_  
Signature Position Local Health Authority Date

\_\_\_\_\_  
Signature Position Head Office, Ministry of Health Date

*\*Attachment instructions for the Mission Jamaica Nursing Volunteer:  
Each nursing professional must supply the following:*

1. Full Registration—Original Degree Certificate, plus requirements noted on attached Circular #1 (*Not required for Mission Jamaica short term volunteer*)
2. Certified Photostat or certified copies of academic certificates of diplomas;  
**Two (2) notarized copies of his/her medical school diploma**
3. Certificate of Registration or License;  
**If applicable:** (*Therapists, Homeopaths, Dental Hygienists, Etc.*)
4. Certificate of Good Standing with registering body or valid License;  
**Two (2) notarized photocopies of his/her nursing license** (*This is your wallet license*)
5. Names and addresses of two (2) medical references;  
**Two (2) medical references**
6. Passport size photograph.  
**Two (2) notarized passport size photographs**

**THE NURSING COUNCIL**  
Nurses and Midwives Act, 1964  
\*\*\*\*\*  
**72 ARNOLD ROAD, KINGSTON 5**

Dear

In reply to your letter enquiring about registration in Jamaica, the following documents are required:

- (a) Letter of application stating work experience since graduation or for the past six (6) years.
- (b) Certified photocopy of your birth certificate and marriage certificate.
- (c) Certified photocopy of your **certificate/diploma** from your **school/college** of nursing.
- (d) Certified photocopy of your CURRENT certificate of **registration/license**.
- (e) A transcript of the course you took showing number of hours of instruction and clinical practice.  
This is to be sent directly from your school/college of nursing to this Council.
- (f) Two recent professional references on your behalf to be sent directly to the Council by the individuals providing them.
- (g) A **certified/notarized** passport port size photograph.
- (h) Process fee of six hundred Jamaican (**J\$600.00**) or its equivalent (not refundable).  
The process fee is to be submitted with the documents.

As soon as you have paid the process fee and submitted the required documents your application will be processed.

On approval of your application, a registration fee will be required for either:

Permanent registration = one thousand Jamaican dollars (**\$1000.00**) or **Special/Temporary** Registration for three (3) months = five hundred Jamaica dollars (**J\$500.00**).

Personal cheques are not **accepted**

Fees should be submitted in either Bankdrafts, Money/Postal Orders, Managers' Cheque or Cash.

Yours faithfully,

Theresa Boyne (Mrs.)  
REGISTRAR

TB/mr

**NB:** Applications will not be held for more than six (6) months without further communication from or on behalf of the applicant.

**NO DOCUMENT WILL BE ACCEPTED UNLESS IT IS CERTIFIED OR NOTARIZED**