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.

STEP 1 Enter your personal and contact details in BLOCK/CAPITAL letters, using only BLUE or BLACK ink. State your current employer, or "UNEMPLOYED" if applicable.

BIO DATA

Title: ☐ *Mr.* ☐ *Mrs.* ☑ *Ms.* ☐ *Other*___

Current name of applicant: **JANE** (*First Name*) **ANON** (*Middle Name*) **DOE** (*Last Name*)

Marital status: ☑ Single ☐ Married ☐ Divorced ☐ Separated Gender: ☐ Male ☑ Female

Date of birth: **08** / **11** / **1998** (*DD/MM/YYYY*) TRN: **123 456 789**

Mailing address: **AORTA LANE, CEREBELLAR DRIVE, KINGSTON**

Email: **JANEDOE@EXAMPLE.COM**

Contact number(s): **876 123 4567**

Current place of employment: **HOSPITAL OF JAMAICA**

STEP 2 Enter your nursing school, training dates, qualification and successful NCJ examination date. Indicate whether the programme was joint/franchised.

PROFESSIONAL EDUCATION PROGRAMME

Training institution: **UNIVERSITY OF TECHNOLOGY, JAMAICA**

Institution address: **237 OLD HOPE ROAD, KINGSTON**

Period of training: From **2020** To **2024** Graduation date: **15** / **11** / **2024** (*DD/MM/YYYY*)

Qualification: ☑ Bachelor's ☐ Associate ☐ Diploma ☐ Certificate ☐ Other _____

NCJ exam date: **OCTOBER 4, 2024** No of times you sat the exam: **1**
(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 _____

STEP 3 Enter your name at registration if different. Select the licence type and provide its number, status and expiry date. The relicensure question applies to expired/inactive licences.

REGISTRATION DETAILS

Name when registered: **SAME AS ABOVE**
(If different from the above)

Licence/Registration to be verified: ☑ RGN # **112233** ☐ RM #_____ ☐ RMN # _____
☐ EAN #_____ ☐ OTHER *(Please specify)* _____

Licence/Registration status: ☑ Active ☐ Inactive/Expired Current/Last licence expiry date: **31** / **12** / **2026**

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

DISCIPLINARY DECLARATIONS

Educational guide and completed example prepared by ***Nurse Navigator***. All applicant and example activity details are fictional. The original application form remains the property of the Nursing Council of Jamaica.

STEP 4 Answer each applicable question truthfully. If you select YES, explain the outcome and duration of any action in the space provided.

***Check all* that applies**

1. **Have you ever been subjected to any proceeding since receiving your licence?:** Nursing ☐ Yes ☑ No / Midwifery ☐ Yes ☐ No
   ☐ Inquiry/investigation ☐ Incapacity ☐ Malpractice
   ☐ 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

STEP 5 Select your payment method, processing service and delivery option. Enter the total paid and tick JMD or USD. Attach proof of 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: **$** **42,825 (270 USD)** ☑ **JMD** ☐ **USD** **(Amount may change based on exchange rate.)**

COUNCIL/BOARD/AGENCY CONTACT DETAILS

STEP 6 Enter the receiving council, board or agency's official mailing address and email. Check these against its verification instructions.

Mailing address *(if not included on Agency/Board Form)* **12 AGENCY STREET, INTERNATIONAL DRIVE, BELLARA REPUBLIC**

Email address of Council/Board/Agency: **AGENCYBOARD@EXAMPLE.COM**

DECLARATION

STEP 7 Review your entries, then print your name, sign and date the form. Use the date you sign.

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

Name of Applicant: **JANE DOE** Signature of Applicant: J Doe

Date: **23** / **07** / **2025** *(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.

STEP 8 Leave this section blank. It is for the Nursing Council of Jamaica to complete.

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