THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964
50 Half Way Tree Road
Kingston 5, Jamaica W.I.
Email: nurs@cwjamaica.com
Tel: 929-5118, 960-6042 Fax: 968-7269
Website: nursingcouncil.org.jm

APPLICATION FOR BIENNIAL RENEWAL OF LICENCE

STEP 1 Remember to write in BLOCK/ CAPITAL letters, using only BLUE or BLACK ink.

Instructions:

1. Please print or type all information legibly (BLOCK LETTERS)
2. Incomplete or wrong application and documentation will **NOT** be accepted
3. In case of name change, all updates must first be made at the offices of **Tax Administration of Jamaica**

1. BIO DATA

STEP 2 Ensure your name and TRN number match your government-issued ID.
Maiden Name: Complete only if you changed your initial last name.
Use a professional and respectful email address that you check regularly.

Last Name: DOE Maiden Name: ANON

First Name: JANE Middle Name: LATONA

Marital Status: Single ☐ Married ☑ Divorced ☐ Widowed ☐ Other ☐ Sex: Female ☑ Male ☐

Tax Registration Number (TRN): 123 456 789

Home Address: AORTA LANE, CEREBELLAR DRIVE
KINGSTON

Mailing Address (if different from home): SAME AS ABOVE

Phone: 876 123 4567 Fax: 876 765 1234 E-mail: JANEDOE1@EXAMPLE.COM

2. CREDENTIALS & LICENSURE

Applications without this information will not be processed.

STEP 3 Tick every credential currently registered with the Nursing Council and enter the correct registration number(s). Each license attracts an additional licensure fee. ***Applicants without this information will not be processed.***

Certification

- ☐ Certificate in General Nursing
- ☐ Certificate in Midwifery
- ☐ Certificate in Mental Nursing
- ☐ Certificate in Assistant Nursing
- ☑ Bachelor of Science – RGN (Generic)
- ☐ Other _____

Registration Number(s)

- ☑ Registered General Nurse (RGN) 112233
- ☐ Registered Midwife (RM) _____
- ☐ Registered Mental Nurse (RMN) _____
- ☐ Enrolled Assistant Nurse (EAN) _____

Expiry Date of Last Licence(s): 31/12/2025

3. PHOTO & SIGNATURE (*only if requesting change*)

STEP 4 Attach passport size photo and sign in the center of the signature box if requesting a change to your license photo; otherwise leave section blank.

Signature Box (sign in the space **NOT** on the line)



PLEASE SEE NEXT PAGE

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 5 Enter current employer & employment details. If unemployed, indicate in the section marked employment status.

4. EMPLOYMENT

Employment Status: ☑ Full Time ☐ Part Time ☐ Unemployed ☐ Self- Employed

Present Employer **EAST REGIONAL HEALTH AUTHORITY**

Institution **JAMAICA TOWN HOSPITAL**

Address **1 JAMAICA ROAD, HEALER TOWN, ST. CATHERINE**

Phone: **876 123 4567** Fax: **876 765 1234** E-mail: **HOSPITAL@EXAMPLE.COM**

Current Post, Grade and/or Title **RN1**

STEP 6 Answer both questions honestly. If you select "Yes," provide additional details in the space provided.

Have you ever been the subject of any proceeding concerning the practice of nursing or midwifery, since being issued a licence? ☐ Yes ☑ No **(If yes, please explain)**

Are you currently the subject of any legal proceedings or inquiry, investigation, or a proceeding for professional misconduct, incompetence, incapacity or any similar investigation concerning the practice of nursing or midwifery, since being issued a licence? ☐ Yes ☑ No **(If yes, please explain)**

STEP 7 If paying online, attach the printed receipt. If using a voucher, collect it from the Nursing Council, then make your payment at the **Bank of Nova Scotia** and attach your receipt. *View online payment guide*

5. PAYMENT METHOD

Payment can be made at any branch of The Bank of Nova Scotia using the voucher provided by the Nursing Council of Jamaica, online transfer or via debit/credit card.

STEP 8 Attach your completed CNE & CPD Summary Form together with all supporting certificates and Verification Forms (where applicable)

6. CONTINUING EDUCATION ACTIVITIES

Please present **Verification of Continuing Education Activity Forms/Certificates** and completed **Summary of Continuing Education Activity** along with this application.

STEP 9 Read the declaration carefully before signing. Sign and date the application only after reviewing all information.

7. STATEMENT OF UNDERSTANDING

I hereby apply for biennial renewal of licence(s) in accordance with the Nurses and Midwives Act 1964 & Regulations, **amended April 2005** and administered by the Council. I understand that I am subject to all requirements of biennial renewal as described in the information provided by the Council, and that renewal of licence(s) depends on satisfactorily completing **all** specified requirements. If re-licensed, my name will appear on the list of re-licensed registrants/enrollees.

I further understand that unless my licence(s) is/are renewed, I shall not practice.

To the best of my knowledge the information provided in this application is complete and accurate.

Signature: _____ Date **20/10/2025**

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