THE NURSING COUNCIL OF JAMAICA

Nurses and Midwives Act, 1964
50 Half Way Tree Road, Kingston 5
Telephone (876) 926-6042, 960-0823
Email: info@nursingcouncil.org.jm

SUMMARY OF CONTINUING EDUCATION ACTIVITIES

FORM 3

1. ***Please print or type all information legibly***
2. ***Attach all documents verifying continuing education activities***
3. ***Submit the original copy of this application***

STEP 1 Enter your name clearly, select the licence(s) that apply, and enter the corresponding licence number(s).

Name.....Jane Doe.....

Credentials: (check as appropriate)

RGN ☑ RM ☐ RMN ☐ EAN ☐

Licence Number(s):

RGN 112233 RM..... RMN..... EAN.....

STEP 2 Enter the expiration date of the licence(s) being renewed and the country in which you currently reside.

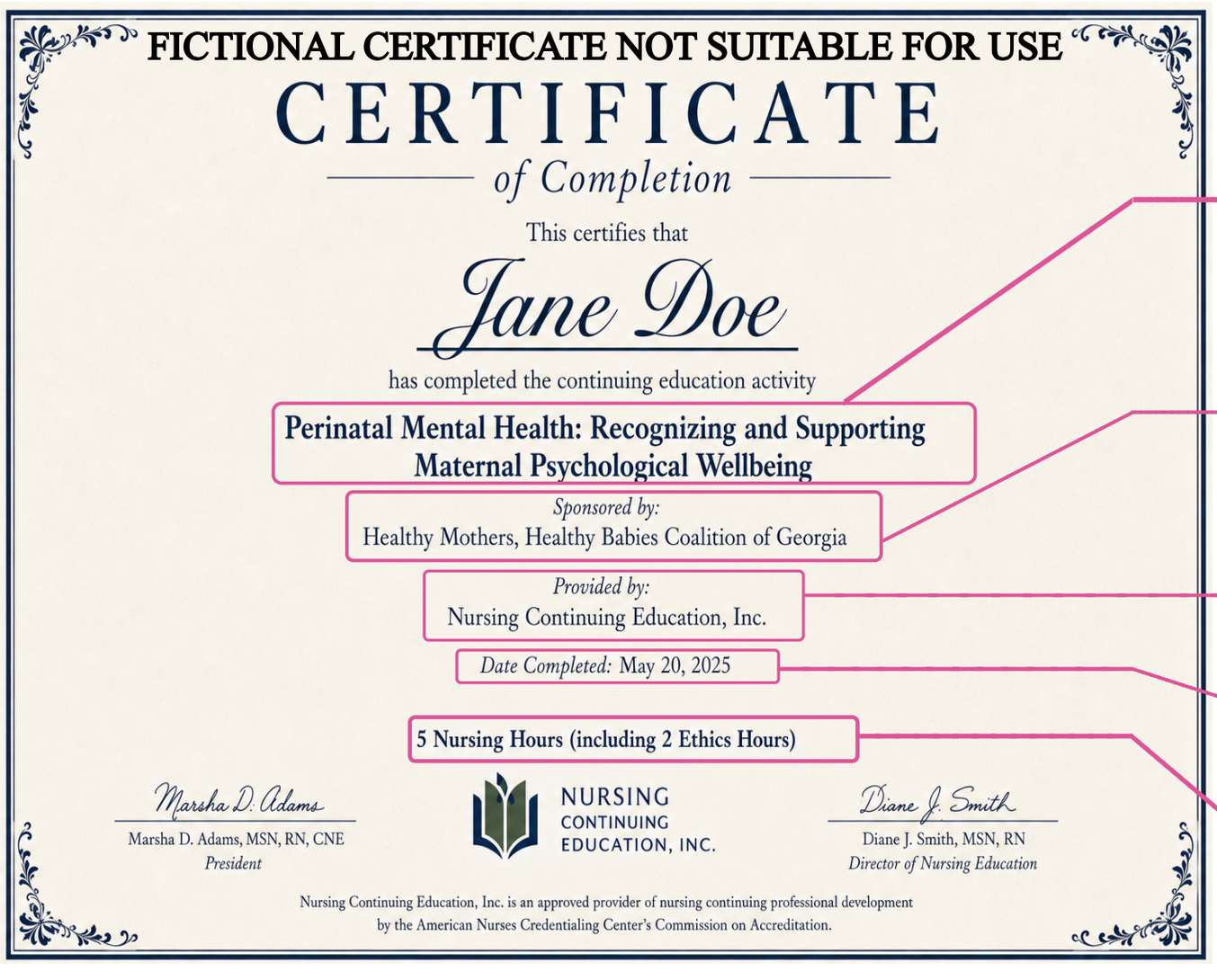
Expiry Date of Licence(s) (DD/MM/YY).....31/12/25.....

Country.....Jamaica.....

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.

Subject Matter Content	Name of Sponsor	Name of Provider / Institution	Date of Offering / Completion	Nursing CE Hours	Non-Nursing CE Hours	Midwifery / Mental Health CE hours
1 Perinatal Mental Health: Recognizing and Supporting Maternal Psychological Wellbeing	2 Healthy Mothers, Healthy Babies Coalition of Georgia	3 Nursing Continuing Education Inc	4 20/05/25 or May 20, 2025	3	5 2	

If you do not hold the applicable Midwifery or Mental Health licence, leave this column blank.
Eg: Registered (Nurse) Midwife or Registered Mental Nurse



1 Enter the **Subject Matter** as shown on the certificate. ***NB*** Even though this activity relates to maternal and mental health, Jane Doe is an RGN only; therefore, the applicable nursing hours are recorded under Nursing CE Hours. The Midwifery/Mental Health CE Hours column is for nurses who hold the applicable licence.

2 Enter the organization identified as the Sponsor of the activity. If there is no identified sponsor, leave it blank

3 Enter the Provider/Institution that organized the continuing education activity.

4 Enter the **Date of Offering/Completion** as shown on the certificate.

5 This certificate awards 5 total hours, including 2 Ethics Hours. Since the 2 Ethics Hours are included in the total, **enter 3 hours under Nursing CE and 2 hours under Non-Nursing CE**. ***NB*** Ethics CE Hours are considered Non-Nursing CE Hours. Record the full number of verified hours completed, even if it exceeds the required minimum.

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