

NURSES

**FEES**

- Registration - Doctors - \$1,000.00 each
- Work Permit Exemption - All Persons - \$1,000.00 each

**Optometrists****First Time**

- Short-Term Volunteer Forms
- Certified copy of Basic Degree Certificate - the one that says "Doctor of Optometry"
- Certified copy of Current License
- Names and Addresses of 2 Medical References
- Work Permit Exemption Application Form
- 2 Photographs

**Returning**

- Short-Term Volunteer Forms
- Certified copy of Current License
- Work Permit Exemption Application Form
- 1 photograph

**FEES**

- Registration - Optometrists - US\$25.00 each or it's equivalent.
- Work Permit Exemption - All Persons - \$1,000.00 each

Nurses

↳ \$100 US

**First Time**

- ✓ Short-Term Volunteer Forms
- Form A (blue form) ←
- Curriculum Vitae(Resume)
- Certified copy of Birth Certificate
- Certified copy of Marriage Certificate (if applicable)
- Certified copy of Certificate / Diploma from School of Nursing
- Certified copy of Current License
- Names and Addresses of 2 References from Nursing Supervisor
- ✓ Work Permit Exemption Application Form
- 2 Photographs

**Returning**

- Short-Term Volunteer Form
- Updated Curriculum Vitae(Resume)
- Certified copy of Current License
- Work Permit Exemption Application Form
- 2 photograph

If the doctor was trained at an Offshore Medical School and has a board Certificate he/she needs to submit this.

## PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

All Doctors, Dentists, Pharmacists, Nurses, Dietitians, Radiographers, Optometrists, Medical Technologists, Speech, Occupational and Physical Therapists must be registered with their respective Councils before practicing their professions in Jamaica, even if for a day. (Also needing registration are Dental Hygienists and Technicians).

**Medical Council**  
2-4 King Street  
Kingston, Jamaica  
Tel: 922-3116

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

**Nursing Council**  
50 Half Way Tree Road  
Kingston 5, Jamaica  
Tel: 960-0823

**Council Professions  
Supplement to Medicine**  
2-4 King Street  
Kingston, Jamaica  
Tel: 922-3529

**Pharmacy Council**  
91 Dumbarton Avenue  
Kingston 10, Jamaica  
Tel: 926-2637

**Jamaica Optometric Association**  
York Plaza, Shop 14  
1 ½ Hagley Park Road  
Kingston 10.  
Tel: 929- 8656

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 completely filled out and signed (by applicant, team sponsor, local and head office authorities) and sent with credentials and application forms 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 is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature

I recommend the above

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

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



NURSES

**NURSING COUNCIL OF JAMAICA  
(NURSES AND MIDWIVES ACT, 1964)**

The Towers, 6th Floor  
25 Dominica Drive, Kingston 5  
Jamaica, W.I.

**NURSING COUNCIL**

The Nurses and Midwives Act, 1964

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The Towers, 6<sup>th</sup> Floor  
25 Dominica Drive, Kingston 5, Jamaica, W.I.  
Tel: (876)926-6042/960-0823

**GENERAL TRANSCRIPT FORM**

**Please complete this form and return to the above address.**

NAME OF APPLICANT: \_\_\_\_\_

INSTITUTION OF INSTRUCTION: \_\_\_\_\_

PERIOD OF TRAINING: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

COURSES	CONTACT HOURS		GRADE
	Theory Classroom Instruction	Clinical Experience/Teaching	
<b>BIOLOGICAL SCIENCES</b>  Human Biology & Integrated Sciences  Microbiology  Pharmacology  Nutrition & Dietetics			
<b>BEHAVIOURAL SCIENCES</b>  Psychology  Sociology			
<b>FUNDAMENTALS OF NURSING</b>			
<b>FIRST AID</b>			
<b>ACCIDENT &amp; EMERGENCY NURSING</b>			
<b>COMMUNITY HEALTH/ DISASTER PREPAREDNESS EPIDEMIOLOGY</b>			

COURSES	CONTACT HOURS		GRADE
	Theory Classroom Instruction	Clinical Experience/Teaching	
<b>MEDICAL NURSING</b> including: Neurology Dermatology Endocrinology Genito Urinary Oncology Gerontology			
<b>SURGICAL NURSING</b> including: Orthopaedics ENT Ophthalmology Gynaecology			
<b>PSYCHIATRY</b>			
<b>PAEDIATRICS</b>			
<b>GROWTH &amp; DEVELOPMENT</b>			
<b>OPERATING THEATRE Recovery Room</b>			
<b>OBSTETRICS</b> Maternal and childhealth			
<b>OTHERS - Specific</b>			

*Copy of the records of the applicant whose name is affixed above.*

*Please affix  
Seal or Stamp below*

.....  
*Name of Person*

.....  
*Signature*

.....  
*Official Title*