BERMUDA NURSING COUNCIL

P.O. Box HM 674, Hamilton HM CX
Telephone (441) 292-0774● Fax (441) 232-1823
E-mail bermudanursingcouncil@gov.bm

IMPORTANT: PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION FORM

According to the Nursing Act 1997 (Amended 2010) Section 4 (1) ***The Council shall establish and maintain a register of nurses and nursing associates.***

A register of Nursing Associates is required by law

Attached is the Official Application form which you must complete in order to be eligible for Registration with the Bermuda Nursing Council. All of the documents listed below must accompany your application.

1. Copy of all Nursing Associate education (degrees, diplomas, certificates etc). If you obtained your education outside of Bermuda, all copies must be notarized.

2. A resume.

3. Copy of a document which verifies a name change if your present name differs from the name on any of the education documents submitted.

4. Copy of a work permit issued by the Department of Immigration/Border Control if you are non-Bermudian and not the spouse of a Bermudian.

5. Evidence of English language proficiency if English is not the official language of your native country.

6. A letter of recommendation from a recent supervisor.

7. A character recommendation letter from a non-relative.

8. A copy of a police report (s) from the jurisdiction (s) where you have resided during the last three years

9. Initial registration fee of BD $ 40.00 or U.S. $ 40.00 payable by bank draft or cash.

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APPLICATION FORM FOR NURSING ASSOCIATE REGISTRATION AND LISTING

(Please Print All Information)

Name: ....
First Middle Last Maiden

Address: ....

E-Mail: ....

Telephone # Work.................................Home..............................Cell......................

Date of Birth:.................................... Country of Birth ....
(Month) (Day) (Year)

□Bermudian □Spouse of Bermudian □PRC Holder □Non-Bermudian

Name of Employer:..

Job Title:..

Nursing Associate Qualification:

Name of Course: ....

Location ....

Date of Completion..................................

Signed Statement:

I verify that all of the information in this application is correct and true to the best of my knowledge. I understand that any false information may result in the revocation of my registration.

Applicant's Signature.. Date ....