



**BERMUDA NURSING COUNCIL**  
P.O. Box HM 674, Hamilton HM CX, Bermuda  
Telephone (441) 292-0774 • Fax (441) 232-1823  
E-mail [bermudanursingcouncil@gov.bm](mailto:bermudanursingcouncil@gov.bm)

**NURSING ASSOCIATE APPLICATION FOR RETENTION ON REGISTER**  
For Period January 1, 2015 – December 31, 2016  
*Please see Instructions for Retention prior to completing this form*

- Mr.
- Mrs.
- Ms.

.....  
(Last Name) (First Name) (Middle Names)

Date of Birth.....  
(M) (D) (Y)

Address.....

E-mail..... Cell..... Tel.....

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

Name of Employer: .....

- Full time
- Part Time
- Casual

Please answer the questions below:

1. Have you been convicted, found guilty or pleaded *no contest* to any offense within the past two years?  Yes  No  
If yes, please provide details on a separate sheet and attach to this application.
2. Have you been terminated from employment within the past two years?  Yes  No  
If yes, please provide details on a separate sheet and attach to this application.
3. Have you been employed as a nursing associate for more than 100 hours during the past year?  Yes  No  
If no, please provide details on a separate sheet and attach to this application.

Applicant Signature.....Date.....



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**INSTRUCTIONS FOR RETENTION OF NURSING ASSOCIATE REGISTRATION**

In order to apply for retention of registration you must have been engaged in Nursing Associate duties for a period of more than 100 hours during the last twelve months.

Retention of registration is required every two years during the period from August 1<sup>st</sup> to December 31<sup>st</sup> even years. Application forms and instructions for retention are available from the Nursing Council Office and may also be downloaded from the Council Website.

The fee for retention is \$ 27.00 however when an application is received after December 31, a late fee of \$ 40.00 will be levied. Cheques or bankdrafts should be made payable to the Accountant General. Cash payment in Bermuda or U.S. dollars is also acceptable.

The following must accompany your application:

- a. Verification that you have been employed for at least 100 hours during the past twelve months (example: letter from employer)
- b. Copy of a document supporting a name change if applicable
- c. Copy of a valid work permit issued by the Bermuda Department of Immigration if non-Bermudian
- d. Evidence of a current Heart Saver/CPR certificate
- e. Copies of certificates or other evidence showing that you have obtained at least 12 hours of continuing education during the past two years. Education must be related to the Nursing Associate scope of practice.