



BERMUDA NURSING COUNCIL
MINISTRY OF HEALTH, SENIORS, AND ENVIRONMENT
 P.O. Box HM 674, Hamilton HM CX Bermuda
 Telephone (441) 292-0774 Fax (441) 232-1823
 E-mail bermudanursingcouncil@gov.bm

APPLICATION FOR RETENTION ON ACTIVE REGISTER/ROLL
For Period January 1, 2015 - December 31, 2016

Please see Instructions for Retention of Licence Prior to Completing this Application.

Print Please

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

Date of Birth..... Male Female

Address.....

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

Bermudian Spouse of Bermudian PRC Holder Non-Bermudian

License Category: Advanced Practice Nurse Licence #

Registered General Nurse Licence #

Psychiatric Nurse Licence #

Enrolled Nurse Licence #

Name of Employer:.....

Job Title:..... Full Time Part Time

Have you been convicted, found guilty or nolo contendere to any offense within the past two years? Yes No
 If yes, please provide details on a separate sheet and attach to this application.

Have you been engaged in the practice/field of nursing for more than 100 hours during the past year? Yes No
 If no, do you wish to appeal for relicensure? Yes No

Highest Level of Nursing Education: Please tick (✓) one

ADN Diploma /Certificate BSN MSN PhD

Other Education.....

Applicant's Signature..... Date.....

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**Please Read Prior to Completing the Application for Retention of Registration
For period January 1, 2015 – December 31, 2016**

1. Any nurse wishing to retain the title of nurse must complete an application form.
2. Application for admittance to the Active Register/Roll without the proper qualifications for same is an offense against the Nursing Act and is punishable by law.
3. In order to apply for relicensing on the Active Register/Roll, one must have been engaged in the practice/field of nursing for a period not less than 100 hours during the past twelve months.
4. Nurses who have not worked more than 100 hours within the past twelve months may appeal for relicensure by writing a letter of explanation to the Credentials Committee of the Bermuda Nursing Council.
5. The relicensing fee for this two year period is \$53.00 per category. Payment must accompany the application and must be in Bermuda or U.S. dollar funds. Cheques, Bank Drafts, or Money Orders from overseas applicants should be made payable to the Accountant General. Debit/Credit card payment is not accepted. **Personal cheques from overseas banks are not acceptable.**
6. The relicensing period is from August 1, 2014 to December 31, 2014. Applications received after the deadline shall be deemed to be in arrears and a late licensing fee of \$40.00 which is inclusive of the relicensing fee for one category for the two year period is assessed. Additionally a second category and all back dues will be calculated at the rate of \$40.00 per category every two years.
7. Nurses whose licenses have lapsed are not permitted to vote in Nursing Council elections and are subject to suspension from employment until they have relicensed.
8. Evidence of Continuing Education is essential and must accompany the application form. In compliance with the 1997 Nursing Act, and the Nursing Amendment Act 2010, it is mandatory that all nurses complete at least 24 hours of Continuing Education within the two year period immediately preceding relicensure.
9. When applicable, a copy of a document supporting a name change must accompany this application.
10. A Bermuda Government receipt is issued upon acceptance of the retention application. In addition, a BNC identification card is issued to nurses resident in Bermuda.