



# NURSE &/or MIDWIFE APPLICATION

## FOR RENEWAL OF REGISTRATION/LICENSE

In accordance with the Nursing and Midwifery Act 1997, Section 6, and Rules 2010, Section 4, 5, and 6 – A Nurse and or a Midwife is required to renew his/her registration/license every two years. The Renewal period is from August 1<sup>st</sup> - October 31<sup>st</sup> of the year in which the registration/license expires. Where the registration/license is lapsed for less than 8 (eight) years, a late fee will be applied.

### Lapsed Registration/License refer to Nurse and or Midwife Instructions for Renewal – Appendix 2. “Inactive Status-Return to Practice”

Where a license is not renewed within the prescribed period the licensee is prohibited from practicing nursing and or midwifery. It is an offense to practice Nursing and or Midwifery without a valid practicing license issued by the Bermuda Nursing and Midwifery Council (Council).

**Please read Instructions for Renewal of Registration/License (available on the website) before completing this application. Complete all sections of the form and attach all requisite documentation. Incomplete Applications will not be processed.**

#### PERSONAL INFORMATION:

NAME: \_\_\_\_\_  

LAST
FIRST
MIDDLE
MAIDEN

DOB: \_\_\_\_\_ GENDER:  Male  Female  

MONTH / DAY / YEAR

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  

WORK
MOBILE
HOME

STATUS:  Bermudian  Spouse of Bermudian  Permanent Resident Certificate (PRC)  Non-Bermudian

#### LICENSE INFORMATION:

RN (General) License  RMN (Psychiatry) License  RM (Midwife) License  APN (APN) License

Nurse Specialist License  Pediatric Nurse (RCN) License  Learning Disability (LD) License

Provide License Number/Specialty where applicable: LICENSE NUMBER: \_\_\_\_\_ LICENSE SPECIALTY: \_\_\_\_\_

Have you been engaged in the practice of nursing and or midwifery for a minimum of 100 hours during the past year?  Yes  No

If No, do you wish to appeal for licensure?  Yes – If Yes, please provide supporting document  No

If your Bermuda Registration/License active?  Yes  No – If No, please ensure you comply with requirements stated in Appendix 2 of the “Instructions for Renewal”. If you are not currently employed in Bermuda and you hold a license in another jurisdiction you must provide proof of employment. (Certified letter from supervisor or employer).



**Ministry of Health  
BERMUDA NURSING AND MIDWIFERY COUNCIL**

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**EMPLOYMENT INFORMATION:**

EMPLOYER: \_\_\_\_\_ NAME OF AREA/UNIT (IF APPLICABLE) \_\_\_\_\_

EMPLOYMENT:  Full Time  Part Time  Casual

**If you answer Yes to questions 1- 4 below, and you have not previously reported the matter to BNMC please provide details on a separate sheet and attach to this form.**

1. Have you been disciplined, convicted, found guilty or pleaded nolo contendere (no contest) to any offence within the past two years?  Yes  No
2. Do you have pending charges or complaints against your nursing and or midwifery (circle where applicable) practice/misconduct?  Yes  No
3. Have you voluntarily or involuntarily resigned from employment during an investigation against your practice of nursing and or midwifery (circle where applicable) or misconduct?  Yes  No
4. Are you addicted to the misuse of alcohol and or to the habitual use of narcotics or other habit-forming drugs? If Yes, are you currently in a rehabilitation program? Provide supporting document from councilor/therapist.  Yes  No
5. Have you met CE (continuing education, 24 hours) requirements? If Yes, please attach completed Council Continuing Record of Attendance form. (Download from the website) and copy of Continuing Education certificates?  Yes  No
6. Attach evidence of current CPR/BLS training.  Yes  No
7. Highest level of Nursing or Midwifery Education; please check the appropriate response below  
 Doctorate  MSN/MSc  APN  BSN/BSc  ADN  Diploma/Certificate/Other: \_\_\_\_\_

If you are employed in Bermuda; please check the appropriate response below.

My primary role is:  Clinical  Administrative  Education Other: \_\_\_\_\_

**SIGNED STATEMENT:**

I verify that the information in this application is true and correct to the best of my knowledge and belief. I understand that any false statement or omission may result in the revocation of my license.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NB** If your license is lapsed, please refer to Instructions for Renewal/Registration Appendix 2.

