



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

P.O. Box 1195, Hamilton HM 12, Bermuda | www.bnc.bm
E: bermudanursingcouncil@gov.bm | P: (441) 292-0774 OR (441) 278-4910 | F: (441) 232-1823



NURSING ASSOCIATE APPLICATION FOR RENEWAL OF REGISTRATION

In accordance with the Nursing and Midwifery Act 1997, Section 6 and Rules 2010, Section 4, 5, and 6. Nursing Associates are required to renew their registration every two years. The Renewal period is from August 1st - October 31st of the year in which the registration expires.

Lapsed registration will incur a late fee.

Lapsed Registration - Refer to Appendix 2 -Nursing Associate Instructions for Renewal “Inactive Status – Return to Practice”.

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

Please read Instruction for Renewal available on website, www.bnc.bm, prior to completing this application. Complete all sections of the Renewal Application form and attach all requisite documentation before submitting. 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

EMPLOYEMENT 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.

- Have you met CE (continuing education, 12 hours) requirements? If yes, attach Council Continuing Record of Attendance form (download from website www.bnc.bm) and copy of Continuing Education certificates? Yes No
- Have you been employed as a nursing associate for at least 100 hours in the past twelve months? If yes provide evidence. (Letter from employer/supervisor). Yes No
- If you answered **No, to Questions 1 & or 2 above** do you wish to appeal for licensure? If Yes, attach letter to the attention of Credentialing committee of Council regarding the circumstance. (The approval is subject to Credentialing's team determination). Yes No



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4. Attach copy of current CPR /Basic Life support (BLS) training.
5. Have you been convicted, found guilty or pleaded *no contest* to any offense within the past two years?
If Yes, please provide details on a separate sheet and attach to this application. Yes No
6. Have you been terminated from employment, or voluntarily resigned during investigation against your practice of nursing or for professional misconduct, within the past two years. If Yes, provide details on a separate sheet and attach to this application. Yes No
7. Are you addicted to the use of alcohol and or to the habitual use of narcotics or other habit-forming drugs?
If Yes, attach evidence of attendance at Rehabilitation on a separate sheet. Yes No
8. Is your registration active? If No, please ensure you comply with requirements stated in the Instructions for Renewal and including Appendix 2. Yes No

SIGNED STATEMENT:

I verify that the information contained in this application is true and correct to the best of my knowledge and belief.

APPLICANT SIGNATURE: _____

DATE: _____

