



Ministry of Health

BERMUDA NURSING AND MIDWIFERY COUNCIL

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NURSING ASSOCIATE APPLICATION FOR RENEWAL OF REGISTRATION

You are required by law (Nursing and Midwifery Act 1997) to renew your registration every two years, between September or October of the year in which your registration is due to expire.

Please read instructions (on instruction sheet) prior to completing this application

Please Print

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender Male Female

Address _____

Email _____ Cell _____ Tel (h) _____

Bermudian Spouse of Bermudian PRC Non-Bermudian

Name of Employer _____

Full Time Part time Casual

Provide proof of Continuing Education units (CEU)'s 12 hours and copy of current CPR/BLS

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, or voluntarily resigned during investigation against your practice of nursing or professional misconduct, within the past two years? Yes No
If yes provide details on a separate sheet and attach to this application.
3. Have you been employed as a nursing associate for at least 100 hours in the past twelve months?
 Yes No If yes provide evidence. (letter from employer/supervisor)
4. Are you addicted to the use of alcohol and or to the habitual use of narcotics or other habit forming drugs?
 Yes No If yes, provide evidence of attendance at Rehabilitation on a separate sheet and attach to this application.

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

Applicant Signature _____ Date _____

