



## INSTRUCTIONS FOR APPLICATION FOR ADMISSION TO NURSING ASSOCIATES REGISTER

**IMPORTANT: PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION FORM**

**A REGISTER OF NURSING ASSOCIATES IS REQUIRED BY LAW.**

**According to the Nursing and Midwifery Act 1997 Section 4 (1) The Council shall establish and maintain a register of nurses /midwives and nursing associates.**

Nursing Associates includes certified nursing Assistants, Certified Geriatric Aides & Orderlies (prior to 2008 “grandfathered”- may be eligible to be entered in register) and certificate holders of a Health Care Course Approved by BNC

Applicant must complete the official application form in order to be eligible for Listing with the Bermuda Nursing and Midwifery Council. All of the documents listed below must accompany your application.

1. **Copy of all Nursing Associate education (degrees, diplomas, certificates etc.). If you obtained your education outside Bermuda, all copies must be notarized.**
2. A resume.
3. Copy of a document which verifies a name change if your present name differs from the name on any of the education documents submitted.
4. Evidence of English language proficiency where English is not the official language of your native country. **Accepted test score TOEFL iBT – Overall score 74; Speaking 23; Reading 17, Writing 17; Listening 17.** IELTS (assessed by Nursing and Midwifery Council).
5. A letter of recommendation from a recent supervisor
6. A character recommendation letter from a non-relative.
7. Copy of current CPR/BLS certificate.
8. Copy of proof of ID e.g. passport photo page, voter registration card or driver’s license.
9. A copy of a police report(s) from the jurisdiction(s) where you have resided during the last three years. Police report must have been issued within 12 months of application.
10. Initial registration fee of BD or US currency \$70.00 (subject to change). When made in person, cash payment in Bermuda, US \$ currency or personal Bermuda Bank cheque payable to the **Account General** is acceptable. When paying from overseas, in the form of US \$ currency bank draft. Payable to the Accountant General. Do not send cash or personal cheque. **Debit/Credit cards are not accepted.**



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

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## NURSING ASSOCIATE APPLICATION FORM FOR REGISTRATION

### NAME

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Forenames \_\_\_\_\_

### DATE OF BIRTH

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Country of Birth \_\_\_\_\_

### ADDRESS

### EMAIL ADDRESS

Address \_\_\_\_\_ Email \_\_\_\_\_

### TELEPHONE

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### STATUS

Bermudian  Spouse of Bermudian  PRC Holder  Non-Bermudian

### CHARGES/CONVICTIONS

Have you been charged with a felony, been convicted, found guilty or pleaded no contest to any offence?

Yes  No

### CHARGES/CONVICTIONS

Are you or have you been addicted to or misused alcohol or narcotics or other habit forming drugs?

Yes  No

If yes, are you attending or have you attended a rehabilitation program?

Yes  No

### NAME OF PROSPECTIVE EMPLOYER

Name of Prospective Employer \_\_\_\_\_

**QUALIFICATION ACHIEVED**

**Name of Course** \_\_\_\_\_ **Location** \_\_\_\_\_ **Date of Completion** \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_