



MINISTRY OF HEALTH
BERMUDA NURSING COUNCIL

P.O. Box HM1195, Hamilton HM EX
Telephone (441) 292-0774 /278-4987 • Fax (441) 232-1823
E-mail bermudanursingcouncil@gov.bm

INSTRUCTIONS FOR APPLICATION FOR ADMISSION TO NURSING ASSOCIATES REGISTER
IMPORTANT: PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION FORM

According to the Nursing Act 1997 & Amendment Act 2010 Section 4 (1) *The Council shall establish and maintain a register of nurses and nursing associates.*

A register of Nursing Associates is required by law

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 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, if English is not the only official language of your native country. (Accepted scores TOEFL iBT –Overall score 74; Speaking 23; Reading 17, Writing 17; Listening 17) IELTS (assessed by Nursing Council).
5. A letter of recommendation from a recent supervisor.
6. A character recommendation letter from a non-relative.
7. Evidence of current CPR
8. Copy of proof of ID e.g. passport including photo and passport number or voter registration card.
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 Accountant 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.**



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NURSING ASSOCIATE APPLICATION FORM FOR REGISTRATION

(Please Print)

Name:
First Middle Last Maiden

Date of Birth: **Country of Birth**
(Month) (Day) (Year)

Address:

E-Mail:

Telephone Work..... **Home**..... **Cell**.....

☐ Bermudian ☐ Spouse of Bermudian ☐ PRC Holder ☐ Non-Bermudian

Name of prospective Employer

Nurse Associate Qualification:

Name of Course:

Location

Date of Completion.....

Signed Statement:

I verify that all of the information in this application is correct and true to the best of my knowledge. I understand that any false information may result in the revocation of my registration.

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