



BERMUDA NURSING COUNCIL P.O. Box HM 1195, Hamilton HM EX Phone: 441 292-0774/278 -4987 Fax: 441 232-1823 Email : <u>bermudanursingcouncil@gov.bm</u>

NURSING ASSOCIATE

INSTRUCTIONS FOR RENEWAL OF REGISTRATION

Re-Registration for Nursing Associates is prescribed in the Nursing Act 1997 & Amendment Act 2010

Renewal of registration is required every two years during the period from September 1st to October 31st of the year in which the certificate is due to expire .

Kindly complete all sections of the form before submitting. Incomplete Applications will not be processed.

The following must accompany your application:

- 1. Verification that you have been employed for at least 100 hours during the past twelve months (example: letter from employer)
- 2. Copy of a document supporting a name change if applicable
- 3. Evidence of a current Heart Saver/CPR certificate. (not to be used for CE)
- 4. Attach copy of certificates or other evidence showing that you have obtained 12 hours of continuing education relative to nursing associate scope of practice during the past two years. Verification of work competency, evidenced by employer certification is accepted. A BNC Continuing Education Form should be used to itemize activities for consideration and attached to the application form prior to submission.
- 5. If you have received disciplinary action including termination by an employer for your job performance involving patient care or safety, a detailed written explanation and resolution must be attached to your application.
- 6. If you have been convicted, found guilty or pleaded no contest to any offense within the past two years. Attach details to renewal application form.
- 7. Are you addicted to the use of alcohol and or the habitual use of narcotics or other habit forming drugs, if yes, please provide evidence of attendance at Rehabilitation. Attach to renewal application form.





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<u>The fee for retention is \$ 45.00 (subject to change). When an application is received after</u> <u>October 31, a late fee of \$45.00 (subject to change) will be levied</u>. When made in person, cash payment in Bermuda or 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/Cashier's cheque payable to the **Accountant General.** <u>Do not</u> send cash or personal cheque. **Debit/Credit cards are not accepted.**

Examples of acceptable Courses/CE:

- On line nursing CE courses /college courses relating to nursing practice. (Nursing students)
- Related to direct/Indirect patient care, relative to Nursing Associates Scope of Practice
- Related to physical, social behavioral sciences.
- Continuing education in health care courses.
- Hosted by a provider (local) who is approved and recognized by BNC credentialing committee. (Please check with course Provider or BNC).
- Verification of competencies signed by employer/designate.

Examples Unacceptable Courses

- Self-improvement e.g. Exercise, yoga, parenting.
- Economic courses
- Liberal Arts
- Employer orientation programs
- Watching a health related TV program or Reading a book.