



Ministry of Health

BERMUDA NURSING AND MIDWIFERY COUNCIL

P.O. Box: HM1195, Hamilton HM EX, Bermuda | Website: www.bnc.bm

E-mail: bermudanursingcouncil@gov.bm | Phone: (441) 292-0774 / 278-4910, Fax: (441) 232-1823



REGISTRATION OF NURSE and or MIDWIFE APPLICATION FORM

Please print all information. Complete each section of the application and submit together with the required supporting documents and fee. Ensure legibility of email address. **Complete part A of verification form and submit to your nursing /midwifery Council /Board.**

SECTION 1 - APPLICANT NAME / DEMOGRAPHIC INFORMATION

Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Month _____ Day _____ Year _____ Country of Birth _____

Nationality: _____ Gender Male Female

Languages Spoken: _____

SECTION 2 - CONTACT ADDRESS:

Street: _____

City: _____ Country: _____ Code: _____

Email: _____ Tel: _____

SECTION 3- EDUCATION:

Name of Nursing and or Midwifery School: _____

City: _____ Country: _____

Graduation Date: _____ Degree Obtained: _____

Other Nursing Qualifications: _____

SECTION 4 - REGISTRATION CATEGORY

Registered Nurse (General) Psychiatric Nurse Nurse Specialist

Advanced Practice Nurse Specify _____ Midwife

Prospective employer in Bermuda _____

SECTION 5 - SCREENING QUESTIONS

Answer the following questions by placing a tick (✓) in the appropriate box. If you answer yes to questions 2-7, **you are required to provide complete details on a separate sheet of paper and attach to this form**

		Yes	No
1	Do you hold a license or are you registered (active), to practice in any other jurisdiction?		
2	Have you ever withdrawn an application for registration, had an application denied, or agreed not to reapply for registration in another country?		
3	Has any disciplinary action been taken against you by any regulatory authority or employer?		
4	Have you committed a felony or been convicted, found guilty or pleaded nolo contendere (no argument) to any offence?		
5	Are you under investigation for any of these offenses- misconduct or unprofessional conduct?		
6	Have you ever voluntarily or involuntarily resigned from employment to avoid investigation or disciplinary action?		
7	Are you or have you ever been addicted to misuse of alcohol or narcotics or other habit forming drugs?		

SECTION 6 SUPPORTING DOCUMENTS

Please note that the Verification of Registration form must be sent to us by your Nursing Council/board.

The following documents must accompany your application. Please note that all copied documents must be notarized by a licensed Notary Public (a justice of the Peace stamp or seal is not accepted).

1. Copy of your Initial license or Certificate of registration.
2. Copy of a current nursing license which includes an expiry date.
3. Copy of Nursing Diploma/Degree, and or Midwifery Certificate and other qualifications.
4. Copy of document signifying name change if any.
5. CV/Resume
6. Copy of MELAB, IELTS or TOEFL examination result when English is not the official language of your native country. (Refer to Appendix for accepted scores)
7. Character reference from a non-relative
8. Professional competency reference by a professional who is well acquainted with your nursing practice.

- 9. Police report from the jurisdiction where you have resided during the last three years and issued within 12 months of application.
- 9. Copy of current BLS.
- 10. ID- Copy of passport page including photo and passport number.

Registration fee Bermuda or U.S. \$135.00 subject to change (refer to fee schedule on web page) per registration category. When paying from overseas, in the form of a US currency bank draft made payable to the **Accountant General**. Do not send cash or personal cheque. When made in person, cash payment in Bermuda, U.S. currency, or personal Bermuda Bank cheque payable to the **Accountant General** is acceptable. **Debit/Credit card is not accepted.** Registration fee is nonrefundable.

SECTION 7 SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements may result in the revocation of my registration.

Signature: _____ **Date:** _____

Witness: _____ Seal must be Notary Public's signature.



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VERIFICATION OF NURSE AND OR MIDWIFE REGISTRATION FORM

PART A: Applicant to Complete

Please complete Part A of this form and forward a copy to each regulatory body in which you have been registered as well as the regulatory body in which you are currently registered. **Please Print:**

Last Name _____ First Name _____ Forenames _____

Former Name _____ Date of Birth _____

Initial Registration Date: _____ Registration #: _____

I am applying for nurse registration in Bermuda and a record of my nurse/Midwifery registration is required.

Signature _____ Date _____

PART B: Regulatory Body to Complete

Please complete Part B of this form and mail it to the Bermuda Nursing Council at the address above. **Please Print:**

Name of Regulatory Body _____

Name of Registrant: Last Name _____ Forenames _____

Former Name _____ Date of Birth _____

Registration # _____ Date of Issue: _____ Status: _____ Expiration Date: _____

Registration Granted (title): Examination Endorsement Other (Please explain)

Registered by (Please tick one) _____

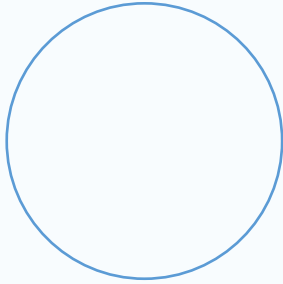
- a) Has the above named person's registration ever been denied, suspended, revoked, or under investigation?
 Yes No
- a) Have any special conditions been placed on his/her practice? Yes No
- a) Are there any factors known to you that would impact on this registrant's fitness to practice?
 Yes No If yes to any of the above, please attach an explanatory note.

Name of person completing this form (Please Print) _____

Email address of regulatory body _____ **Tel:** _____

Title _____ **Signature** _____ **Date** _____

Authority Seal



APPENDIX

Please note registration of all categories of nursing and Midwifery is by endorsement. Applicants must hold an active unencumbered license/registration in the category of nursing and Midwifery applied for, by examination from an approved or accredited nursing or midwifery education program that is recognized by Bermuda Nursing and Midwifery Council (BNMC) for respective category. In addition Nurse Specialist and Advanced Practice Nurse must hold a Masters degree in nursing or higher, certificate in specialization and license (by examination). License must be issued by a national certifying board/council.

English Proficiency Test accepted Scores:

IELTS-	academic Overall score 6.5 minimum and 6 minimum in each band
TOEFL iBT-	Overall score 84 minimum, Speaking 26, Reading 20, Listening 18, Writing 20
MELAB	78-81

Physical Address:

Bermuda Nursing and Midwifery Council
Ministry of Health
Continental Building
25 Church Street
Hamilton HM12
Bermuda

NB - Foreign Cheques - USA currency must be drawn from a bank and payable to the Accountant General.