

## PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

All doctors, dentists, pharmacists, nurses, dieticians, radiographers, medical technologists, speech, occupational and physical therapists must be registered with their respective Council before practicing their professions in Jamaica, even if only for a day. (Also needing registration are dental hygienists, technicians)

**Medical Council**  
2-4 King Street  
Kingston, Jamaica  
Tel: (876) 922-3116/967-1549

**Council Professions  
Supplementary to Medicine**  
2-4 King Street  
Kingston Jamaica  
Tel: (876) 922-3529/967-1549

**Dental Council**  
41 Main Street  
Mandeville, Jamaica  
Tel: (876) 962-6488

**Nursing Council**  
The Towers  
25 Dominica Drive  
Kingston 5, Jamaica  
Tel: (876)926-6042

**No Council will give this 'special' registration unless they are confident that the period of volunteer service is recommended by both the local health authority and the respective head of the Department at the Ministry of Health.** The whole process will be facilitated if the form below is filled out and signed (by applicant, of sponsor for him/her, local and head office authorities) and sent with credentials and application form to the respective Council as above.

A small registration or processing fee is charged.

**The local health authority is the Medical Officer (Health).**

### SHORT TERM VOLUNTEER

\_\_\_\_\_

Applicant's Address

Date \_\_\_\_\_

### REGISTRAR

\_\_\_\_\_ COUNCIL OF JAMAICA

I \_\_\_\_\_ apply for special registration

As a \_\_\_\_\_ in order to volunteer my service  
Profession

For the period \_\_\_\_\_ at \_\_\_\_\_  
Dates(specific) Facility/Location

In the (civil) parish of \_\_\_\_\_

My local contact person or sponsor is:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TEL. NO \_\_\_\_\_



Sponsor's Signature

**I recommend the above**

Signature \_\_\_\_\_ Position Local Health Authority \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position Head Office, Ministry of Health \_\_\_\_\_ Date \_\_\_\_\_