NOVA SOUTHEASTERN UNIVERSITY
JAMAICA MEDICAL MISSION HEALTH PROFESSIONAL CHECKLIST

NAME: _______________________________ DISCIPLINE: PT/OT

Payment: Check# ______  Amount$ ______  Check# ______  Amount$ ______  Total ______

PT/OT are REQUIRED to obtain the following:

☐ 2 passport sized pictures (if you do not get them at a pharmacy, then you must print them in color & cut them to 2 inch x 2 inch or they will not be accepted – professional pictures please)

☐ 1 copy of current practice license

☐ FIRST TIME APPLICANT: YES ______  NO ______

(If YES, complete 1st time application information below)

☐ NOTARIZED copy of terminal degree (1st time applicants only)

☐ 2 letters of Professional Reference (1st time applicants only)

PT/OT are REQUIRED to complete and submit the following items:

☐ Transcripts

First time OT/PT applicants ONLY must have a copy of official transcripts.

☐ Work Permit Exemption Application Form

Complete sections #1-8, 10-14, & sign box# 29

☐ Professional Registration for Short Term Volunteer

Tape 1 passport size picture (place in the blank space just below "applicants address")

☐ Form G - Application for Registration as a Medical Practitioner

Tape 1 passport size picture on page 1 (place in blank space at the top of the form)
**MINISTRY OF LABOUR AND SOCIAL SECURITY**

**WORK PERMIT/EXEMPTION APPLICATION FORM**

*Foreign Nationals and Commonwealth Citizens Employment Act 1964)*

Please indicate the type of application:  □ Work Permit  □ Exemption

<table>
<thead>
<tr>
<th>PART I</th>
<th>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>9. TRN</td>
<td>10. Occupation</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Passport Number</td>
<td>13. Passport Expiry Date YYYY/MM/DD</td>
</tr>
<tr>
<td>15. Qualification – Academic or Professional (Attach Documentary Evidence)</td>
<td>Details on previous (Last) Employer in Jamaica</td>
</tr>
<tr>
<td>20. Name of Employer</td>
<td>21. Address of Employer</td>
</tr>
<tr>
<td>16. Work Experience</td>
<td>22. Telephone Number</td>
</tr>
<tr>
<td>23. Applicant’s Work Permit Number</td>
<td>24. Expiry Date YYYY/MM/DD</td>
</tr>
<tr>
<td>17. Skills of Applicant</td>
<td>Details of Husband’s/Wife’s previous Employment in Jamaica</td>
</tr>
<tr>
<td>25. Name of Employer</td>
<td></td>
</tr>
<tr>
<td>18. Husband/Wife’s Name</td>
<td>26. Address of Employer</td>
</tr>
<tr>
<td>29. I certify to the best of my knowledge and belief, that the above information is correct</td>
<td></td>
</tr>
<tr>
<td>_______________________, YYYY/MM/DD</td>
<td>____________________________</td>
</tr>
<tr>
<td>Date</td>
<td>Applicant’s Signature</td>
</tr>
</tbody>
</table>
PROFESSIONAL REGISTRATION FOR SHORT TERM VOLUNTEERS

All doctors, Dentists, Pharmacists, Nurses, Dietitians, Radiographers, Optometrists, Medical Technologists, Speech, Occupational and Physical Therapists must be registered with their respective Councils before practicing their professions in Jamaica, even if for a day. (Also needing registration are Dental Hygienists and Technicians).

Medical Council
37 Windsor Avenue
Kingston 10
Tel: 978-8538

Dental Council
50 Half Way Tree Road
Kingston 5
Tel: 317-8643

Nursing Council
50 Half Way Tree Road
Kingston 5
Tel: 929-5118

Council of Professions
37 Windsor Avenue
Kingston 10
Tel: 978-8538

Pharmacy Council
91 Dumbarton Avenue
Kingston 10
Tel: 926-2637

Jamaica Optometric Association
1 ½ Hagley Park Road, Kingston 10
Tel: 929-8656

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 is completely filled out and signed (by applicant, team sponsor, local and head office authorities) and sent with credentials and application forms to the respective Council as above.

A 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 a 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 is:

Name: ____________________________________________

Address: ____________________________________________

Telephone: ____________________________________________

Sponsor’s Signature

I recommend the above

________________________________________
Signature Position (Local Health Authority) Date

________________________________________
Signature Position (National Health Authority) Date
FORM G
THE COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE
APPLICATION TO REGISTER AS A VOLUNTEER

Name of Applicant

Date of Application

Address of Applicant

Date of Birth  Sex: Male [ ] Female [ ]

Qualification of Applicant

Where was Qualification Obtained

Signature of Applicant

Requirements*

1. Applications MUST be sent in at least Three (3) months before arrival
2. Two (2) reference letters, one (1) of which must be from a member of the applicant’s profession who is in a supervisory position at their place of employment
3. Notarized copy of Registration or License
4. Certified Good Standing with registering body or valid License
5. Notarized passport-size photograph
6. Notarized copy of Diploma/Degree or other certificates of competence/achievements
7. Host organization or hospital should provide a document to indicate the measures that are in place to protect the public as well as the volunteer(s) in case of acts of indiscretion, malpractice, negligence, violence or injury at or during work.
8. It is recommended that, prior to the volunteer’s arrival in Jamaica, the host organization take out an indemnity insurance and health insurance that is applicable outside of host country.

* All Fees MUST be paid

*Fees are non-refundable