

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
2-4 King Street
Kingston, Jamaica
Tel: 922-3116

Dental Council
41 Main Street
Mandeville, Jamaica
Tel: 962-6488

Nursing Council
50 Half Way Tree Road
Kingston 5, Jamaica
Tel: 960-0823

**Council Professions
Supplement to Medicine**
2-4 King Street
Kingston, Jamaica
Tel: 922-3529

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

Jamaica Optometric Association
York Plaza, Shop 14
1 1/2 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 below 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 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 July 22 - 29, 2023 at Kew Park Dental Clinic, Flankers Health Center, and Cambridge Health Center
Dates (Specific) Facility/Location

In the (civil) Parish of St. James & West Moreland

My Local Contact Person is:

Name: Ms. Winsome Stewart - Rotary Club of Montego Bay East
Address: PO Box 6594 Half Moon, Rose Hall
Montego Bay, St. James
Tel: (876) 840-0769

Sponsor’s signature

I recommend the above

Signature Position (Local Health Authority) Date

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