



The Nursing Council  
of  
Barbados  
Ministry of Health and Wellness  
Frank Walcott Building  
Culloden Road  
St. Michael, Barbados



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GENERAL INFORMATION

**PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION FORMS**

Dear Applicant,

Thank you for your interest in registration with this Council. Attached is our Official Application Form to be completed in applicant's own handwriting. The **back of the form is for official use only and is not to be completed by the applicant.**

A **two year** programme is **not** accepted by this Council for registration as a **General Nurse**. Applicants must have graduated from a **three or four** year programme and educated at an accredited institution.

A Midwife must be a Registered Nurse who completed a post basic course of **twelve months** or more and meet the Council's criteria.

A Nursing Assistant must have completed **twelve months** or more training to meet the Council's criteria for enrollment.

A Nursing Auxiliary must have completed **six month** of training to meet the criteria for enrollment.

Registration is offered by the Council in relation to the following categories:

- a. General Nurse
- b. Midwife
- c. Mental Nurse
- d. Mentally Subnormal Nursing
- e. Nursing Assistant (enrollment)
- f. Nursing Auxiliary (enrollment)
- g. Other specialties

Please note that only **ONE** category must be stated for **each** form.

The application form **MUST BE ACCOMPANIED BY ALL OF THE FOLLOWING DOCUMENTS:**  
*(If the accompanying documents are in a foreign language they **MUST** be translated to English and **NOTARIZED** by a **LICENCED NOTARY PUBLIC**).*

1. A **Transcript** of your Theory and Clinical Hours in Nursing and Related courses **must** be forwarded directly to this Council from the **institution of training** except for those persons who have been successful in the Regional Examination for Nurse Registration **CARICOM** Countries.
2. Notarized copies of all **Nursing Certificates/Diplomas/Nursing degrees issued** by the Nursing Schools / Universities.

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3. A copy of your **Initial Licence** or Certificate of Registration. If not available you must request a "Statement of entry into the Professional Register" from your Nursing Council.
4. A notarized copy of your **current Annual Registration Licence** clearly showing the Expiry Date.
5. A Nursing / Professional Related **Curriculum Vitae** with full record of experiences, full name, current address, telephone number(s) and email address.
6. A notarized copy of a **marriage certificate** or supporting documents that validate a name change if any of the above is in a different name.
7. A notarized or original **birth certificate**.
8. One **original** detailed **professional reference** is required from your most recent **employer** on the organization's official letter-head.
9. A **police certificate of character (dated within the past six (6) months)** from the country of residence.
10. A notarized **recent passport-size photograph**.

**Please note:**

- The Application fee is BDS \$100.00 or US \$50.00 (non-refundable).
- The Council will inform you of your eligibility for registration after processing your application.
- You will be invited to an interview to finalize your registration and **all original** documents must be presented at the interview.
- The Council reserves the right to request that you write the State Registration Examination.
- After you have been interviewed and deemed eligible for registration/enrollment, the initial Registration fee of BDS \$100.00 or US \$50.00 or Enrollment fee of BDS \$50.00 or BDS \$25.00 must be paid to the Treasury Department.
- Registration with this Council is **mandatory** by Law.
- **Documents submitted remain the property of the Nursing Council of Barbados.**
- **THE NURSING COUNCIL IS A REGULATORY BODY AND NOT AN EMPLOYER.**

**Yours faithfully,**

**Secretary  
Nursing Council of Barbados**