

# SHORT-TERM MEDICAL VOLUNTEER GUIDELINES

*Documents required for registration:*

## **DENTISTS**

### First Time

- **Professional Registration for Short-Term Volunteers Form:**
  - Registrar section: "Medical Council of Jamaica"
  - Your name, profession, dates of trip, working in "St. Mary rural clinics"
  - Local contact person or sponsor: "San San Win, MD; Director of Health, St. Mary"
- **Work Permit Exemption Application Form:**
  - Check the exemption box, complete items 1-8
  - Item 9 is your social security number
  - Complete items 10-14
  - Sign item 29
- **Form A – The Dental Act:**
  - Fill out as instructed
- **Certified copy of Basic Degree Certificate\***
  - The one that says "Doctor of Dental Surgery"
- **Certified copy of current license\***
- **Certified copy of front page of passport\*** ← new
- **Names and addresses of three (3) professional references**
- **2 passport-sized photographs**

\* This packet consists of SAMPLE filled out forms.

### Returning

- **Short-Term Volunteer Form (see instructions above)**
- **Work Permit Exemption Application Form (see instructions above)**
- **Form A – The Dental Act**
- **Certified copy of current License\***
- **Certified copy of front page of passport\*** (if passport has been renewed)
- **1 passport-sized photograph**

### Dental Students

- **Short-Term Volunteer Form (see instructions above)**
- **Work Permit Exemption Application Form (see instructions above)**
- **2 passport-sized photographs**
- **A letter from the University verifying status of student(s)**
- **Certified copy of front page of passport\***

\* Certified copies are made by taking your original documents along with the copies to a notary and having them certify with their stamp

## 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 Kings Street  
Kingston, Jamaica  
Tel: (876) 922-3529/967-1549

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

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

**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 of 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

Your Name

Your Address

Applicant's Address

Date ← Date

### REGISTRAR

Dental COUNCIL OF JAMAICA

I Your Name apply for special registration

As a Dentist in order to volunteer my service

Profession

For the period of (trip dates) at St. Mary Rural Clinics

Dates (specific)

Facility/Location

In the (civil) parish of St. Mary

My local contact person is:

NAME: Dr. San San Win, MD; Director of Health, St. Mary

ADDRESS: Port Maria Hospital, Port Maria PO, St. Mary, Jamaica, WI

TEL: (876) 994-2358

(Leave Blank)  
Sponsor's Signature

Leave Blank

I recommend the above

Signature

Position Local Health Authority

Date

Signature

Position Head Office, Ministry of Health

Date

**THE DENTAL ACT**  
**APPLICATION FOR REGISTRATION AS A DENTIST**

To the Dental Council of Jamaica

Name of Applicant PRINT NAME  
 (Surname first, block letters)

Address (1) Home address

Date of Birth DOB Place of Birth Dayton, OH

Nationality American

Intended place of practice or employment St. Mary Rural Clinics

Qualifications: (Diploma / degree received)  
 Degree or Diploma Doctor of Medicine Date granted (2) Date on Diploma

Institution Name of college / university

Address Address of college / university

Postgraduate qualification \_\_\_\_\_ Date \_\_\_\_\_

COUNTRIES OR INSTITUTIONS  
 (in which you have practised  
 since qualifying)

FROM      DATE      TO

In what countries, states or provinces are you now registered or entitled to practice as a Dentist? (3)

Has your registration or entitlement to practice as a Dentist ever been cancelled or suspended?

If so, for what reason, and on what date?

Names and addresses of three character referees:

1. Name, address
2. Name, address
3. Name, address

I enclose:

- (a) Certified (notarized) copies of diploma or degree and of current registration (if applicable); certified translation must accompany all credentials not in English.
- (b) Applicable fee, (4)
- (c) 2" x 2" passport type photograph.

I hereby apply to be registered as a Dentist and declare that I am the person named in the enclosed diplomas or certificates and that the above information is true and correct.

Sign Here

Signature of Applicant

date here

Date

*Leave Blank*

(To be completed by a Dentist or Medical Practitioner registered in Jamaica or by a person of standing in the country of residence of the applicant who has known the applicant for at least a year.)

I ..... of .....  
(full name, block letters)

certify that I have been acquainted with the applicant for .....  
years and that he/she is of good character

Date ..... Signed .....

Address.....  
.....  
.....

Qualification.....  
.....

**Notes:**

- (1) The Registrar must be notified of any subsequent change of address.
- (2) Recent graduates must request the Dean of their institution to write directly to the Council to assure the Council that the applicant is a *bona fide* graduate.
- (3) All other applicants must request their current registering body to write directly to the Council, stating the applicant is a dentist in good standing. This requirement need not be met by those seeking temporary registration.
- (4) Examination Fee: \$100 Registration/Application Fee: \$200  
(Temporary Registration Fee: \$100)

**To be completed by the Registrar**

Type registration: Full ..... Temporary .....

Date registered or application refused.....

Registration number, if full registration.....

Date and number of **Gazette** notice in which registration published.....  
.....

Reason for refusal, if refused.....  
.....

.....  
*Signature of Registrar*

.....  
*Name (Block Letters)*

.....  
*Date*

Submit to: REGISTRAR  
DENTAL COUNCIL OF JAMAICA.



\* Be sure to check the  
"EXEMPTION" Box

## 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

#### PART I TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

1. First Name <i>John</i>	Last Name <i>DOE</i>	Middle Initial <i>A.</i>	Alias
2. Address (overseas, except in the case of renewal) <i>home address</i>	3. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4. Date of Birth <i>1970/12/03</i> YYYY/MM/DD	5. Country & Place of Birth <i>USA - OH</i>
6. Nationality <i>American</i>	7. Number Of Children/ Dependents <i>2</i>	8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated	
9. TRN <i>Social Security #</i>	10. Occupation <i>Nurse</i>	11. Period for which Permit/Exemption is required YYYY/MM/DD From _____ To <i>Blank</i>	
12. Passport Number <i>123456789</i>	13. Passport Expiry Date YYYY/MM/DD <i>2020/07/12</i>	14. Type of Passport (Country Issued) <i>USA</i>	
15. Qualification – Academic or Professional (Attach Documentary Evidence) <i>Blank</i>		Details on previous (Last) Employer in Jamaica	
		20. Name of Employer	
		21. Address of Employer	
16. Work Experience		22. Telephone Number	
		23. Applicant's Work Permit Number	24. Expiry Date YYYY/MM/DD
17. Skills of Applicant		Details of Husband's/Wife's previous Employment in Jamaica	
		25. Name of Employer	
18. Husband/Wife's Name		26. Address of Employer	
19. Husband/Wife's Nationality		27. Work Permit Number	28. Expiry Date YYYY/MM/DD
29. I certify to the best of my knowledge and belief, that the above information is correct			
<i>Date Here</i> YYYY/MM/DD Date		<i>Sign Here</i> Applicant's Signature	

\* Blau \*

\* Blanche \*