SHORT-TERM MEDICAL VOLUNTEER GUIDELINES

Documents required for registration

OTHER MEDICAL PROFESSIONS

Some changes have been implemented recently on the Jamaican side of Medical Registration requirements. Only Medical Doctors, Dentists, and Registered Nurses are required to complete the extensive paperwork for the Ministry of Health in Jamaica.

These professionals will be considered the “Overseeing Doctors” with all other medical workers considered working under them. Jamaica is about 30 years behind us in the area of medical practice, and so we hope this does not seem belittling to you. At this time, the Jamaican government does not recognize “supplementary” medical professions.

There is only one form required for all participants in this category, which is to be turned in to the ACE stateside office along with the rest of the medical forms.

First Time
- ACE Medical Mission Trip Form

Returning
- Updated ACE Medical Mission Trip Form, if applicable
ACE Medical Mission Trip Form

Trip Leader’s Name & Dates: __________________________________________________________

Full name (as it appears on passport): ________________________________________________

Birth Date: __________________________ E-Mail Address: ________________________________

Home Phone: (___)____________________ Cell/Alternative Phone (___)____________________

Address: _______________________________________________________________________

________________________________________________________________________________

Medical Field & area of practice (if applicable): _________________________________________

Passport # and expiration date: ______________________________________________________

I, ______________________, fully agree and understand that while on the above-mentioned medical trip, am under the leadership of the above-mentioned trip leader Doctor(s). I am working under their name(s), and vow to respect their leadership while I am in Jamaica.

Signature: ________________________________________________________________________  Date: __________________________