

SHORT-TERM MEDICAL VOLUNTEER GUIDELINES

Documents required for registration:

MEDICAL DOCTORS and other medical professionals

(Dietitians, Pharmacists, Radiographers, Optometrists, Medical Technologists,
Speech/Occupational/Physical Therapists)

First Time

- Professional Registration for Short-Term Volunteer Forms
 - Registrar section: “Medical Council of Jamaica”
 - Your name, profession, dates of trip, working in “St. Mary rural clinics”
 - Local contact person or sponsor: “Dr. Tamara Henry, MD; Director of Health, St. Mary”
- Form A – The Medical Act
 - Fill out as instructed
- Work Permit Exemption Application Form
 - Check the exemption box, complete items 1-8
 - Item 9 is your social security number
 - Complete items 10-19 (*extra requirements as of December 2018*)
 - Sign item 29
- Short Term Medical Trip Volunteer Form
- Certified copy of Basic Degree Certificate – the one that says “Doctor of Medicine”*
- Certified copy of Current License*
- Names and Addresses of 2 Medical References
- 2 passport-sized photographs
- Short Term Medical Trip Volunteer Form

If doctor was trained at an Offshore Medical School and has a Board Certificate, he/she needs to submit this.

Returning

- Professional Registration for Short-Term Volunteer Form (see instructions above)
- Form A – The Medical Act (see instructions above)
- Certified copy of Current License*
- Work Permit Exemption Application Form (see instructions above)
- 1 passport-sized photograph
- Short Term Medical Trip Volunteer Form

Students

- Short Term Medical Trip Volunteer Form
- Work Permit Exemption Application Form
- 2 passport sized photographs
- A letter from the University verifying status of student(s)

* 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, 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
Supplement to Medicine**
50 Half Way Tree Road
Kingston 5
Tel: 754-8341

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

Jamaica Optometric Association
York Plaza
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: Dr. Tamara Henry, MD: Director of Health, St. Mary
Address: Port Maria Hospital, Port Maria PO, St. Mary, Jamaica, WI
Telephone: (876) 994-2358

Sponsor’s Signature

I recommend the above

Signature Position (Local Health Authority) Date

Signature

Position (National Health Authority)

Date

FORM A

THE MEDICAL ACT, 1976

APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER

To the Medical Council

Name of Applicant _____

Date of Applicant _____

Address of Applicant

_____ Tel No. _____

Date of Birth of Applicant _____ Sex: M _____ F _____

Qualifications of Applicant _____

Where were Qualifications obtained?

Signature of applicant

Note*

1. Full Registration – Original Degree Certificate
2. Certified Photostat or certified copies of academic certificates of diplomas;
3. Certificate of Registration or License;
4. Certificate of Good Standing with registering body or valid License;
5. Names and addresses of two (2) medical referees;
6. Passport size photograph.

TO BE COMPLETED BY THE REGISTRAR

Date of registration or refusal _____

Registration No. _____

Reason for refusal if refused _____

Signature of Registrar

N.B. Form may be copied, not typed over.

A PERSONAL INTERVIEW IS REQUIRED FOR FULL REGISTRATION.

PART 11 TO BE COMPLETED BY PROSPECTIVE EMPLOYER							
30. Business Name/Name of Employer/Sponsor				38. TRN			
31a. Business Address (Post Office Box # not acceptable) Street City Parish				39. Tax Compliance Certificate (TCC)			
31b. Mailing Address (if different from above)				40. Is your Company Registration Yes No		41. Date of registered? YYYY/MM/DD	
32. Telephone Number		33. Fax number		42. The request for Work Permit/Exemption is in relation to: Bi/Multilateral Agreement Investment by Overseas Organization Other please specify _____			
34. Nature of Business				Steps taken to employ Jamaican National			
35. Qualifications Necessary for Job (Details on Attachment)				43. Contacted Employment Service Public <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/>			
36. Job Title and Duties to be Performed (Details on Attachment)				44. Internal Recruitment Yes <input type="checkbox"/> No <input type="checkbox"/>			
				45. By advertisement (Attach Copy) Locally <input type="checkbox"/> Overseas <input type="checkbox"/>			
				46. Other			
37. Email address				47. If no step was taken please state reason (Details on Attachment)			
48. Gross Salary offered Per Annum \$.....				Kindly indicate in Jamaican currency for questions 48 & 49			
				49. Perquisites (Allowances) per Annum House \$ Car \$ Entertainment & Other \$			
50. STAFF COMPOSITION	CITIZENSHIP	PROFESSIONAL	CLERKS/ SERVICE WORKER	SKILLED WORKERS	PLANT & MACHINE OPERATORS	ELEMEN- TARY OCCUPA- TIONS	TOTAL
	JAMAICAN						
	CARICOM						
	COMMONWEALTH						
	FORIEGN						
51. Details of programme (if any) instituted by Employer to train citizens of Jamaica to fill posts now held by persons who are not citizens of Jamaica (Full explanatory memorandum to be attached). I certify to the best of my knowledge and belief, that the above information is correct and accept the responsibility for the support and repatriation expenses of the applicant and his family should the need arise. _____ YYYY/MM/DD Date _____ Employer's/Sponsor's Signature							

SHORT-TERM MEDICAL TRIP VOLUNTEER FORM

Document required for registration with Ministry of Health

ACE Medical Mission Trip Form

Trip Leader's Name _____

Dates of Trip from _____ to _____

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: _____