

## SHORT-TERM MEDICAL VOLUNTEER GUIDELINES

*Documents required for registration:*

### **DENTISTS/DENTAL HYGIENISTS**

#### **First Time**

- Professional Registration for Short Term Volunteer Form
  - Registrar section: “Medical Council of Jamaica”
  - Your name, profession, dates of trip, working in “St. Mary rural clinics”
  - Local contact person or sponsor: “Tamara Henry, MD; Director of Health, St. Mary
- Form A - Dental 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 Degree Certificate (Doctor of Dental Surgery)\*
- Certified Copy of Current License (valid for 6 months)\*
- 3 professional recommendation letters
- 2 passport-sized photographs

#### **Returning**

- Professional Registration for Short Term Volunteer Form
- Certified copy of Current License\*
- Work Permit Exemption Application Form
- 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



SAMPLE

Signature

Position (National Health Authority)

Date

SAMPLE

Dentists

FORM A

(Regulation 5)

THE DENTAL ACT  
APPLICATION FOR REGISTRATION AS A DENTIST

To the Dental Council of Jamaica

LAST NAME, FIRST NAME (CAPITAL LETTERS)

Name of Applicant .....  
(Surname first, block letters)

Address (1) ..... Home address

Date of Birth ..... DOB Place of Birth ..... City, State

Nationality ..... American

Intended place of practice or employment ..... St. Mary Rural Clinics

Qualifications:

Degree or Diploma ..... Decree received 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,

Fees are collected by ACE and forwarded on to the appropriate entity

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



Form A - 2

(leave this page 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.



**MINISTRY OF LABOUR AND SOCIAL SECURITY**  
**WORK PERMIT/EXEMPTION APPLICATION FORM**

Be sure to click EXEMPTION

**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<br><span style="color: blue;">John</span>   | Last Name<br><span style="color: blue;">Doe</span>                                    | Middle Initial<br><span style="color: blue;">A</span>   | Alias   |
| 2. Address (overseas, except in the case of renewal)<br><span style="color: blue;">Home Address<br/>City, State ZIP</span>        | 3. Gender<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | 4. Date of Birth<br>YYYY/MM/DD<br><span style="color: blue;">1972/03/26</span>  | 5. Country & Place of Birth<br><span style="color: blue;">USA, City, State</span> |
| 6. Nationality<br><span style="color: blue;">American</span>  | 7. Number Of Children/Dependents  | 8. Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated |   |
| 9. TRN<br><span style="color: blue;">Social Security Number</span>  | 10. Occupation<br><span style="color: blue;">Dentist</span>                           | 11. Period for which Permit/Exemption is required YYYY/MM/DD<br><span style="color: blue;">(leave blank)</span><br>From _____ To _____  |   |
| 12. Passport Number<br><span style="color: blue;">123456789</span>  | 13. Passport Expiry Date YYYY/MM/DD<br><span style="color: blue;">2029/05/20</span>   | 14. Type of Passport (Country Issued)<br><span style="color: blue;">USA</span>  |   |
| 15. Qualification – Academic or Professional (Attach Documentary Evidence)<br><br><span style="color: blue;">(leave blank)</span> |   | <b>Details on previous (Last) Employer in Jamaica</b>   |   |
|   |   | 20. Name of Employer<br><span style="color: blue;">(leave blank)</span>   |   |
| 16. Work Experience   |   | 21. Address of Employer   |   |
|   |   | 22. Telephone Number  |   |
|   |   | 23. Applicant's Work Permit Number  | 24. Expiry Date YYYY/MM/DD  |
| 17. Skills of Applicant   |   | <b>Details of Husband's/Wife's previous Employment in Jamaica</b>   |   |
|   |   | 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

Date here - Year/Month/Day  
\_\_\_\_\_  
YYYY/MM/DD

Sign here

Date

Applicant's Signature

| <b>PART 11 TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>   |              |                |                       |  |                           |                                       |       |
|--|--------------|----------------|-----------------------|--|---------------------------|---------------------------------------|-------|
| 30. Business Name/Name of Employer/Sponsor   |              |                |                       | 38. TRN  |                           |                                       |       |
| 31a. Business Address (Post Office Box # not acceptable)<br>Street _____ City _____ Parish _____   |              |                |                       | 39. Tax Compliance Certificate (TCC)   |                           |                                       |       |
| 31b. Mailing Address (if different from above)   |              |                |                       | 40. Is your Company Registration<br>Yes _____ No _____   |                           | 41. Date of registered?<br>YYYY/MM/DD |       |
| 32. Telephone Number   |              | 33. Fax number |                       | 42. The request for Work Permit/Exemption is in relation to:<br>Bi/Multilateral Agreement _____<br>Investment by Overseas Organization _____<br>Other please specify _____ |                           |                                       |       |
| 34. Nature of Business   |              |                |                       | <b>Steps taken to employ Jamaican National</b>   |                           |                                       |       |
| 35. Qualifications Necessary for Job (Details on Attachment)   |              |                |                       | 43. Contacted Employment Service<br>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<br>\$.....  |              |                |                       | Kindly indicate in Jamaican currency for questions 48 & 49   |                           |                                       |       |
|  |              |                |                       | 49. Perquisites (Allowances) per Annum<br>House \$ ..... Car \$.....<br>Entertainment &..... Other \$.....   |                           |                                       |       |
| 50. STAFF COMPOSITION  | CITIZENSHIP  | PROFESSIONAL   | CLERKS SERVICE WORKER | SKILLED WORKERS  | PLANT & MACHINE OPERATORS | ELEMENTARY OCCUPATIONS                | 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. |              |                |                       |  |                           |                                       |       |
| (leave blank) _____ YYYY/MM/DD   |              |                |                       | (leave blank) _____  |                           |                                       |       |
| 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 Dr. Mike Smith

Dates of Trip from May 2, 2023 to May 9, 2023

Full name (as it appears on passport): Your Name

Birth Date: March 26, 1972 E-Mail Address: YourEmail@xyz.com

Home Phone (if applicable): (\_\_\_\_) \_\_\_\_\_ Cell/Alternative Phone (987) 654-3210

Address: Home Address

Medical field & area of practice (if applicable): Dentist

Passport # and expiration date: 123456789 5/20/29

I, Your Name, 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: Sign Here Date: Today's Date