



CAYMAN ISLANDS NURSING AND MIDWIFERY COUNCIL

Information to the Guidelines for Registration
Health Practice Law and Registration Regulations (2017 Revision)

REQUIREMENTS FOR PROVISIONAL REGISTRATION FOR STUDENT NURSES

1. Application forms - HPL Form A1.
 - must be fully completed
 - ALL documents are required in ENGLISH.
 - Incomplete applications will not be accepted
2. The student must provide a local address and contact information before provisional registration can be completed.
3. **Letter of Verification**
 - All applicants must provide a letter from the University College of the Cayman Islands to verify that they are currently enrolled in the Nursing programme.
4. **Police (Clearance) Certificate**
 - (i) dated no earlier than six months prior to application
5. **Examination Certificates/Transcripts**
 - (i) Certificate copies of CXC (or equivalent) transcripts or certificates
 - (ii) Certified copies of diploma or college transcript if applicable
6. **One Character Reference Letter**
 - (i) dated no earlier than six months prior to application
 - (ii) from a person unrelated to the applicant by birth or marriage
 - (iii) from a person of good standing in the community such as an attorney-at-law, a notary public, justice of the peace, minister of religion, doctor or policeman who has known the applicant for at least four years
 - (iv) notary public who certifies any document for the applicant is **NOT** acceptable as a referee
 - (v) The Nursing Director is not acceptable as a referee
7. **Photograph** - one (1) full-face passport-size colour photo
 - (i) no earlier than six months prior to application
 - (ii) certified by this office or dated and stamped by the photo studio on the back
 - (iii) use paperclip or staple to affix the photo to the application
8. **Health Insurance** – Proof of Health Insurance in the Cayman Islands
9. **Photo page of Passport** – a copy of the photo page of the passport or a copy of current local driver's licence
 - with photograph and personal information presented in person to the Health Practice Commission, together with the original for verification; **or** a notarized copy if the application is mailed