

## 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**  
2-4 King Street  
Kingston, Jamaica  
Tel: 922-3116

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

**Nursing Council**  
50 Half Way Tree Road  
Kingston 5, Jamaica  
Tel: 960-0823

**Council Professions  
Supplement to Medicine**  
2-4 King Street  
Kingston, Jamaica  
Tel: 922-3529

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

**Jamaica Optometric Association**  
York Plaza, Shop 14  
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 below 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 small 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 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: Peter Thompson  
Address: 47 Port of Spain Place  
Portmore  
Tel: 564-0593

\_\_\_\_\_  
Sponsor's signature

I recommend the above

\_\_\_\_\_  
Signature Position (Local Health Authority) Date

\_\_\_\_\_  
Signature Position (Local Health Authority) Date