

FORM F

**THE COUNCIL FOR PROFESSIONS SUPPLEMENTARY TO MEDICINE
APPLICATION TO REGISTER AS A VOLUNTEER**

Name of Applicant

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Date of Application

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Address of Applicant

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Date of Birth

Sex: Male [] Female []

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Qualification of Applicant

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Where was Qualification Obtained

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Signature of Applicant

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Requirements*

1. Applications **MUST** be sent in at least **Three (3)** months before arrival
2. Two (2) reference letters, one (1) of which must be from a member of the applicant's profession who is in a supervisory position at their place of employment
3. Notarized copy of Registration or License
4. Certified Good Standing with registering body or valid License
5. Notarized passport-size photograph
6. Notarized copy of Diploma/Degree or other certificates of competence/achievements
7. Host organization or hospital should provide a document to indicate the measures that are in place to protect the public as well as the volunteer (s) in case of acts of indiscretion, malpractice, negligence, violence or injury at or during work.
8. It is recommended that, prior to the volunteer's arrival in Jamaica, the host organization take out an indemnity insurance and health insurance that is applicable outside of host country.

Note* All Fees **MUST** be paid