



MINISTRY OF
**HEALTH &
WELLNESS**

STANDARDS AND REGULATION DIVISION
Website: www.moh.gov.jm

**FORM OF APPLICATION FOR
REGISTRATION IN RESPECT OF A NURSING HOME**

PRESCRIBED BY THE NURSING HOMES REGISTRATION LAW, CHAPTER 263

**This application must be forwarded to the Chief Medical Officer.
The requisite fee of \$5,000.00 for under Twenty-Five (25) residents and
\$10,000.00 for Twenty-five and over must accompany this application.**

APPLICATION FOR REGISTRATION

I (or we) apply to the Chief Medical Officer in pursuance of the provisions of the Nursing Home Registration law, Chapter 263, for Registration in respect of a Nursing Home, and furnish below particulars in regard to the Home.

NB: Before completing the applicant should carefully read the notes at the end of the form.

1. (a) Full name of the applicant or applicants (See note A below)	(a)
(b) Private address and telephone number of Applicant	(b)
(c) Nationality of applicant	(c)

<p>2. If the application is made by a company, society, association, body or state:</p> <p>(a) Full name of individual responsible for the management of the home (See Note E)</p> <p>(b) Private address of person named under (a)</p> <p>(c) Registered or principal office of Company, society, association or body</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p> <p>(c)</p> <p>.....</p> <p>.....</p>
<p>3. (a) Name, style or title under which the home is carried on (See Note B).</p> <p>(b) Address and telephone number of the home (See Note C)</p> <p>(c) Brief description of situation, construction, accommodation and equipment of premises.</p> <p>(d) What other business (if any) is transacted on the same premises as the home (See Note D).</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p> <p>(c)</p> <p>.....</p> <p>.....</p> <p>(d)</p> <p>.....</p> <p>.....</p>
<p>4. Number of patients provided for</p> <p>(a) Maternity</p> <p>(b) Other Patients</p>	<p>(a)</p> <p>(b)</p>

<p>5. (a) Names and qualifications of nursing staff</p> <p>(b) State which category of staff lives on premises</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p>
<p>6. If the Home is not a Maternity Home state:</p> <p>(a) Whether it is under the charge of a duly qualified medical practitioner or a qualified nurse, resident in the Home (giving name and qualifications).</p> <p>(b) What is the ratio of qualified nurses to other employees employed in the care of the patients?</p> <p>Note: If the Home is a mixed Home (i.e. makes provision for maternity and non-maternity patients) this question should be answered with reference to the provision made for non-maternity patient</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p>
<p>7. If the home is not a maternity home, state whether the care of the patients is under the superintendence of a qualified nurse (giving the name and qualifications).</p>	

<p>8. If the Home is a Maternity Home state:</p> <p>(a) Whether the person superintending the nursing of the patients is a certified nurse midwife (giving name and qualifications).</p> <p>(b) Whether there is any person employed in attending any women in the home in child-birth or in nursing any patient in the home, who is not either a duly qualified medical practitioner, a certified midwife, a pupil midwife or a qualified nurse.</p> <p>Note: If the Home is a mixed Home (i.e. makes provision for maternity and non-maternity patients) this question should be answered with reference to the provision made for non-maternity patient</p>	<p>(a)</p> <p>.....</p> <p>.....</p> <p>(b)</p> <p>.....</p> <p>.....</p>
<p>9. Does the applicant employ in connection with the home any persons of alien nationality? If so, give number and particulars.</p>	
<p>10. What fees are charged to patients?</p>	
<p>11. Address of any other Nursing Home or business in which applicant is interested, and the nature and extent of applicant's interest therein</p>	

I (or we) declare that the above particulars are true in every respect.

Date20.....

Signature

or

Signatures

NOTES

- A. The application must be signed by the responsible person or persons carrying on the home. In case of a limited company, it must be signed by the Managing Director or Secretary. An application from a non-incorporated society, association or body must be accompanied by a certified copy of the resolution authorizing a matron, superintendent or other responsible person to act on its behalf.
- B. The name, style or title specified in this application must not be changed without the previous consent in writing of the Chief Medical Officer.
- C. In the event of a change of address, application for registration in respect of the new premises must at once be made to the Chief Medical Officer on the official form, accompanied by a fee of \$5,000.00 or \$10,000.00.
- D. In the event of any other business being transacted at some future date on the same premises as the home, the Chief Medical Officer should at once be notified of the fact.
- E. In the case of any home carried on by a Company, association or body corporate, the Chief Medical Officer should be notified at once of any change in regard to the person(s) responsible for the management of the home.

CASES IN WHICH NEW REGISTRATION IS REQUIRED

New registration is necessary in cases in which:

- (1) a home is transferred from one person, society, etc., to another,
- (2) any change occurs in the constitution of the body carrying on a home,
- (3) a home is removed to other premises.

Submit the completed application form and evidence of payment of fees (copy of receipt) to the Standards and Regulations Division, 52-60 Grenada Crescent Kingston 5.

For additional information please contact The Registrar Institutions and Facilities. Tel: 876-633-7400/ 876-633-7433/ 876-633- 8172/ 876-633-8174

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