

GENERAL NURSING COUNCIL OF SAINT LUCIA

APPLICATION FORM

RENEWAL OF LICENSE

SECTION: A

NAME: Surname_____ First _____ Middle _____

Marital Status S () M () W () D () Maiden Name _____

Tick appropriate box

Professional Status: _____ License No./s _____

Address: Work _____ Phone No: _____

Home _____ Phone No: _____

Email: _____

Year of last Re-licensure: _____

SECTION B

Continuing Education: Health related/Nursing related

Please briefly describe below the learning activities and state the numbers of hours of each activity which you have undertaken to demonstrate compliance with Continuing Education of a minimum of **30 HOURS**

Description	UNI/College/Agency	Date	Hours

[illegible]

TOTAL HOURS: _____

Signature of Applicant: _____ **Date:** _____

Print Name of Head of Department/ Supervisor: _____

Signature of Head of Department/Supervisor: _____ Date: _____