



BERMUDA NURSING COUNCIL

MINISTRY OF HEALTH & FAMILY SERVICES

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TO: Bermuda Nursing Council
P.O. Box HM 674
Hamilton HM CX
Bermuda

THIS IS TO CERTIFY THAT SINCE QUALIFICATION AS A NURSE I HAVE NEVER BEEN
SUBJECT TO DISCIPLINARY ACTION BY ANY REGISTERING BODY.

Date:.....

Signed:.....

PLEASE PRINT NAME:.....

THIS FORM MUST BE NOTORISED BY A LICENSED NOTARY PUBLIC.