Nurses and Midwives Council of Belize
Nurses and Midwives Act, 1964

Biennial Renewal of Licenses

APPLICATION FOR INACTIVE STATUS
FORM4

(The fee for obtaining this status is _____)

Name: _____ Date: _____

Address: _____

Telephone No: _____ Fax: _____ Email:_____

Credentials:_____

License Number/s:_____

Date of Initial Licensing (d/m/y): _____

Expiry Date (d/m/y):_____

Date of last renewal of license (d/m/y) _____

Country: _____

To assist the Council with data collection on inactive status, please indicate the reason for the inactive request. (Please (√) all that applies)

- ☐ Personal Illness
- ☐ Family Illness
- ☐ Family Rearing
- ☐ Change of employment
- ☐ Pursuing Education
- ☐ Out of country
- ☐ Other (Please Specify) _____

Payment: ☐ Cash ☐ Cheque ☐ Money Order

STATEMENT OF UNDERSTANDING

I understand that the Council may grant inactive status for a period of up to two years. I may apply for an extension of inactive status on a biennial basis. I cannot practice nursing/midwifery or in an advanced practice role in Belize during an inactive period; and I must comply with the eligibility requirements current at the time I wish to renew my license.

Signature: _____ Date: _____