

Jamaica Missions USA

Required Forms & Documents		Physicians, M.D. & D.O.		Due Date
		1st Time	returning	
JMUSA Application		X	X	Sep 1
Application deposit (\$100.00 USD)		X	X	Sep 1
Work Exemption Permit	Notarized ²	X	X	Oct 15
Short Term Volunteer Form		X	X	Oct 15
Waiver of Liability	Notarized ²	X	X	Oct 15
Copy of Passport page with your picture	Certified ¹	X	X	Oct 15
Passport sized photo		2 photos	2 photos	Oct 15
Headshot photo (.jpg format) for ID	emailed	X		Oct 15
Form A - The Medical Act 1976 - Application for Registration as a Medical Practitioner	Notarized ²	X	X	Oct 15
Copy of Degree Certificate	Certified ¹	X		Oct 15
Copy of Current License	Certified ¹	X	X	Oct 15
Name & Address of 2 Medical References		X		Oct 15
Flight Itineraries		X	X	Nov 30
Balance of mission fee (\$1100.00 USD)		X	X	Nov 30

Notes:

(X) indicates required documents

(1) Copies must be certified and stamped by a Notary Public, be sure to take the original with you to the Notary.

(2) Forms must be signed in the presence of a Notary Public.

Mail Documents (with tracking) to:

Melissa Watson
7088 South Richfield Street
Foxfield, CO 80016

Email address:

Questions, jpg photo and scanned copies may be emailed to:

melissa.watson@jmusa.org