

Ministry of Health
Department of Nursing
Regulation and Registration
P. O. Box 1853
Dubai , United Arab Emirates



Applicant's No. _____

Verification of License/ Registration

Applicant to complete this section and mail the verification form to the Nursing/Midwifery Licensing Authority in the country where currently licensed.

I am licensed/registered by: _____
(Name of the Nursing / Midwifery Licensing Authority)

My name on the license/registration _____

My original license/registration number(s) _____

Type of License(s) _____

My name on the UAE Nursing/Midwifery Registration Application _____

Signature of applicant _____

Applicant's mailing address _____

Applicant not to write below this line. To be completed by the Licensing Authority

Dear Colleague,

The above applicant has applied to practice Nursing /Midwifery in the United Arab Emirates and has indicated licensure/ registration with your authority. Please complete and return this form directly to the address in the upper right hand corner. Please do not give this verification form to the applicant. Thank you for your valuable assistance in this important professional matter.

• Classification / type of License : _____ License No. _____
Issued On: ___/___/_____ Expiry date ___/___/_____ Or No expiry:

• Classification / type of License : _____ License No. _____
Issued On: ___/___/_____ Expiry date ___/___/_____ Or No expiry:

• Applicant Licensed by: Exam Endorsement

• Status of License(s): Current In-Active Lapsed

• Has license ever had any type of disciplinary action? (revoked, suspended, surrendered, restricted or placed on probation) No Yes (If yes, please explain and attach)

• Is licensee currently under investigation? No Yes (If yes, please explain and attach)

Name of Nursing/ Midwifery Licensing Authority: _____

Address: _____

OFFICIAL SEAL

(Name of Officer completing verification)

(Title of Officer completing verification)

(Signature)

(Date completed)