دولة الامارات العربية المتحدة
وزارة الصحـــة

Ministry of Health
Department of Nursing
P. O. Box 848
Abu Dhabi
United Arab Emirates
Telephone: 6117-301/302/312

Attach 3 recent passport size pictures in this space
Applicant's No.
Registration No.

Nursing / Midwifery Registration Application

Please read the entire form carefully including the instruction sheet attached before completing any part of the form. Please type or print clearly. Incomplete or photocopied applications will not be accepted.

I apply under the rules and regulations of the MOH for registration in the UAE as :
❑ **Registered Nurse** ❑ **Registered Midwife** ❑ **Practical Nurse** ❑ **Practical Midwife**

1. PARTICULARS OF APPLICANT

	First name / Middle name / Last / Family name		
Full Name (As it appears in Passport)			
Previous Name (If different from above only)			
Date of Birth	Day / Month / Year	**Gender**	❑ Male ❑ Female
Marital Status	❑ Single ❑ Married ❑ Other (Specify)		
Nationality	❑ UAE ❑ Other (Specify)		
Passport No.		**Expiry date**	Day / Month / Year

2. CONTACT INFORMATION

C/O			
P.O. Box #		**City:**	**Emirate:**
Telephone	**Home:**	**Office:**	**Mobile:**
Other	**Fax:**	**Email address:**	

3. EDUCATIONAL AND PROFESSIONAL PREPARATION

3. 1. General Education

I completed the following level of general education *before entering* nursing / midwifery training .

❑ **Intermediate Level** ❑ **High School Level** ❑ **Tertiary Level**

Date of this school leaving certificate is : 20_____

3. EDUCATIONAL AND PROFESSIONAL PREPARATION

3.2 Professional Qualifications : include nursing / midwifery / other

1. Name of Institution 2. Address of Institution	Type of Qualification	Date From (MM/YY)	Date To (MM/YY)	Duration
1. 2.		___/___	___/___	_____years _____months
1. 2.		___/___	___/___	_____years _____months
1. 2.		___/___	___/___	_____years _____months
1. 2.		___/___	___/___	_____years _____months
1. 2.		___/___	___/___	_____years _____months
1. 2.		___/___	___/___	_____ years _____months

3. EDUCATIONAL AND PROFESSIONAL PREPARATION

3.3. Continuing Education: Include in-service training *of at least* 2 weeks duration

1. Name of Institution 2. Address of Institution	Course Title	Date From DD/MM/YY	Date To DD/MM/YY	Duration (Weeks)
1. 2.		__/__/__	__/__/__	____weeks
1. 2.		__/__/__	__/__/__	____weeks
1. 2.		__/__/__	__/__/__	____weeks
1. 2.		__/__/__	__/__/__	____weeks

4. EMPLOYMENT HISTORY *(after graduation)* : Start with most recent employment

1.Name of Employing Institution 2.Address of Employing Institution	Organization G=Government P=Private O=Others	Type of Clinical Area	Position Held	Country	Date From MM/YY	Date To MM/YY
1. 2.					__/__	__/__
1. 2.					__/__	__/__
1. 2.					__/____	__/__
1. 2.					__/__	__/__
1. 2.					__/____	__/__
1. 2.					__/__	__/__

5. NURSING / MIDWIFERY LICENSURE OR REGISTRATION:

List all licenses / registration which you hold including any in the UAE

Type: RN / RM Assistant nurse, etc	License No.	Country Issuing	Date of Issue (DD/MM/YY)	Expiration Date (DD/MM/YY)
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___
			___/___/___	___/___/___

6. LANGUAGE PROFICIENCY:

Language	Written			Spoken		
	Fluent	Good	Fair	Fluent	Good	Fair
Arabic						
English						
Other:(specify)						

7. DECLARATION:

7.1. Applicant's Attestation

I, the undersigned, certify that I am the person referred to in the foregoing application for registration as a nurse / midwife in the United Arab Emirates and that the statements therein are true to the best of my knowledge and belief.

I further affirm that I am of good physical and mental health and of good moral character and I will keep the Federal Department of Nursing (hereafter called Department) informed of any criminal charges and or physical or mental conditions which jeopardize the quality of nursing care rendered by me to the public.

I hereby authorize all hospitals, institutions or organizations, my reference, personal physicians, employers (past and present) to release to this Department any information, files or records requested by the Department in connection with the processing of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license / registration to practice as a nurse/ midwife in the United Arab Emirates.

I understand that the Ministry of Health / Department reserves the right to keep confidential all information concerning the reasons for the acceptance or rejection of my application for registration. I further understand that any and all information related to this application will be managed according to the policies and practices of the Ministry of Health / Department.

_____ _____/_____/ 20_____

Applicant's Signature **Day Month Year**

7.2 Release of information to potential employers

I hereby authorize the Federal Department of Nursing, Ministry of Health to distribute any information contained in my application file or computer record to potential employers .

❑ I accept the above ❑ I decline the above

_____ _____ _____/_____/ 20_____

Applicant's Signature **Day Month Year**

FOR OFFICIAL USE ONLY

	Signature	Date
Application checked / originals seen at application ***Exceptions if any:***		
UAE Visa status at application: Expires: ___/___/20___ **Sponsor:**		
UAE visa status at 2nd attempt: Expires: ___/___/20___ **Sponsor:**		
UAE visa status at 3rd attempt: Expires: ___/___/20___ **Sponsor:**		
UAE visa status at completion: Expires: ___/___/20___ **Sponsor:**		
General Education verified as ❑ intermediate level ❑full secondary		
Original filing fee paid by MOH revenue stamp ❑ Exempt ❑		
Data entered into computer- Page 1		
Data entered into computer- Page 2 & 3		
Verifications Entered / all NMIS and data verified		
Registration completed as RN ❑ PN ❑ RM ❑ PM ❑ **Registration completed by: exam ❑ endorsement ❑ exemption ❑**		
Registration Renewal Completed / Fee paid		