

Verification of Registration / Enrolment

Note: This document is only applicable to nurses / midwives who do not have SingPass and are not eligible for One-Key Token.

How to apply for verification of registration/enrolment /certificate of good standing (CGS)

1. Complete all required information in the [application form](#) below.

Note: If you require verification of registration/enrolment to be sent to more than one requesting authority, you will be required to complete a new application form for each additional requesting authority.

2. Documents required:

- a) A **certified true copy** of your original SNB 'Certificate of Registration/Enrolment' is required.
- b) **Original** duly completed and signed Requesting Authority's Verification of Registration/License form (if applicable).

Note:

i) Documents that are not in English must be accompanied by an accurate translation in English and certified by Justice of Peace, Notary Public, Commissioner of Oath from their country of origin.

ii) Documents certified as "true copies"

♦ Must be initialed on every page of the document by the authorized officer (Justice of Peace, Notary Public, Commissioner of Oath, unless otherwise stated.

♦ Must include the name of authorized officer (full name), signature, date of certification and institution's stamp/seal and the notarization must be made in English.

iii) Photocopies of previously certified documents will not be accepted.

iv) Copies which are not acceptable to SNB will result in the delay of your application.

3. The **SNB Fee** for Application for Verification of Registration / Enrolment / Certification (inclusive of registered mailing fee) is payable upon submission of this application.

[Note: If you require your verification of registration to be sent via DHL courier \(subjected to additional costs\), please email to \[SNB@spb.gov.sg\]\(mailto:SNB@spb.gov.sg\) to make a request, quoting your full name as in Practising Certificate and contact details. We will contact you regarding payment as the charges for DHL fluctuates and differs from country to country.](#)

Payment must be made by Cheque / Bank draft (Amount in Singapore Dollars, payable to "Singapore

Nursing Board”). If you require the Verification of Registration / Enrolment / Certification to be sent via DHL courier, please include the advised courier fee in the cheque / bank draft amount.

4. Your application will only be processed when all required documents are submitted. Incomplete information and/or failure to submit required documents will result in the delay of your application.
5. Your request will be sent directly to the nursing regulatory body/registering authority (as provided in your Application) by registered mail (*default* mode of postage) [refer to paragraph 3 above for information on DHL courier].
6. Please submit your application along with the required documents and application fee to

Singapore Nursing Board

81 Kim Keat Road

#08-00

Singapore 328836

*Note: If you are authorising a proxy to submit the application and payment on your behalf, a duly signed **authorisation letter** must be submitted along with this application form. The authorised person is also required to present his/her original NRIC/Passport for SNB's verification. SNB reserves the right to reject applications in the event that any of the required documents is not produced.*

SINGAPORE NURSING BOARD

APPLICATION FOR VERIFICATION OF REGISTRATION/ ENROLMENT

Document required: A **certified true copy** of your Certificate of Registration/ Enrolment issued by SNB.

Full Name (As it appears on the Registration/ Enrolment/ Practising Certificate)

SNB Registration/ Enrolment Number: _____

Passport Number: _____

Contact Number: _____ Email: _____

Application for verification as: (Please tick the appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Enrolled Nurse |
| <input type="checkbox"/> Registered Nurse (Psychiatric) | <input type="checkbox"/> Enrolled Nurse (Psychiatric) |
| <input type="checkbox"/> Registered Midwife | <input type="checkbox"/> Advanced Practice Nurse |

Reason for Application: (Please tick the appropriate box)

- | | |
|---|---|
| <input type="checkbox"/> Emigrated | <input type="checkbox"/> Renewal of Registration / License to Practise / PC * |
| <input type="checkbox"/> Joining Spouse/Family Overseas | <input type="checkbox"/> Residency Programme |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Returned to Home Country |
| <input type="checkbox"/> Seeking Registration | <input type="checkbox"/> Sitting for Examination |
| <input type="checkbox"/> Studying / Working Overseas* | <input type="checkbox"/> Others - Please specify: _____ |

* (delete where applicable)

Date of Registration/ Enrolment (As indicated on the Certificate of Registration/ Enrolment):

Obtained basic nursing qualification from:

DETAILS OF REQUESTING AUTHORITY

I hereby request a verification of registration/ enrolment to be forwarded to:

Name of Requesting Authority:

Person to Address to:

Address of Requesting Authority:

COUNTRY of Requesting Authority: _____

Do you require endorsement of additional form(s) from the Requesting Authority? If yes, please submit the form(s) together with this application.

DECLARATION:

- ☐ I declare that the particulars and information stated in this application are true, authentic and remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.
- ☐ I declare that I have not been charged with any offence in a court of law in any country for which the outcome is not yet known.
- ☐ I am also aware that it is a criminal offence to make any false statements and/or to provide any false information to the Singapore Nursing Board.

Signature of Applicant & Date

Note: If you are authorising a proxy to submit the application and payment on your behalf, a duly signed authorisation letter must be submitted along with this application form. The authorised person is also required to present his/her original NRIC/Passport for SNB's verification. SNB reserves the right to reject applications in the event that any of the required documents is not produced.

For Official use only

SNB Officer: _____

Payment: CHEQUE/BANK DRAFT (payable to 'Singapore Nursing Board' in Singapore Dollars)

Authorisation Letter for Application for Verification of Registration/Enrolment

Dear Sir / Madam,

I, _____ (Name of Applicant),

_____ (SNB Registration/Enrolment Number), hereby authorise

_____ (Name of Proxy),

_____ (Proxy NRIC/Passport Number), to submit and make payment for the

application for verification of registration/enrolment on my behalf.

I confirm that the authorised person named above will have on hand all the required documents set out below for verification by SNB:

1. This Authorisation letter duly signed by me
2. Duly completed and signed SNB Verification of Registration/Enrolment application form, and, if applicable, duly completed and signed requesting authority's verification form(s)
3. Certified true copy of my Certificate of Registration/ Enrolment issued by SNB
4. My Appointed Proxy's own Original NRIC /Passport

Thank you.

Yours sincerely,

Signature of Applicant and Date