



Maldives Nursing and Midwifery Council
 Ministry of Health, Male', Republic of Maldives

Application for Nursing Registration and Practicing License (Foreigners)

BEFORE COMPLETING YOUR APPLICATION FORM PLEASE READ THE INSTRUCTIONS PROVIDED IN PAGE 3,
 PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS.

Pre- Registration Registration Practicing License

Serial No:
 Receipt No:

IDENTIFICATION

PHONE NO: <input type="text"/>	PASSPORT NO: <input type="text"/>	Applicants Photograph (Passport size)
FULL NAME (AS SHOWN IN NIC/PASSPORT) : <input type="text"/>		
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE EMAIL: <input type="text"/>		
DATE OF BIRTH <input type="text"/>	NATIONALITY <input type="text"/>	
PERMANENT ADDRESS <input type="text"/>		

QUALIFICATION

TITLE OF QUALIFICATION <input type="text"/>	
NAME OF INSTITUTION (COLLEGE / UNIVERSITY / EXAMINING BODY) <input type="text"/>	
COUNTRY <input type="text"/>	
START DATE <input type="text"/>	END DATE <input type="text"/>

ADDITIONAL QUALIFICATION

TITLE OF QUALIFICATION <input type="text"/>	
NAME OF INSTITUTION (COLLEGE / UNIVERSITY / EXAMINING BODY) <input type="text"/>	
COUNTRY <input type="text"/>	
START DATE <input type="text"/>	END DATE <input type="text"/>

LICENSING EXAMINATION (If applicable)

Are you required to take a licensing examination before you can practice as a nurse in the country where you obtained your nursing qualification?

Yes (1) Year Attempted (2) No. of times attempted

No State reason

FOR PRE-REGISTRATION: DETAILS OF EMPLOYER

EMPLOYER NAME
EMPLOYER ADDRESS
EMPLOYER CONTACT NO EMPLOYER EMAIL ADDRESS

FOR REGISTRATION: CURRENT EMPLOYMENT

PLACE OF EMPLOYMENT IN MALDIVES
ADDRESS
STAFF NUMBER POSITION
DATE OF EMPLOYMENT CONTRACT VALID TILL CONTACT NO
(for contract staff only)

SUPPORTING DOCUMENTS

DOCUMENTS TO BE SUBMITTED

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> 1. Nursing Qualification | <input type="checkbox"/> 6. Evidence of valid registration at nursing council / board | <input type="checkbox"/> |
| <input type="checkbox"/> 2. Mark sheets | <input type="checkbox"/> 7. Certificate of Good Standing | <input type="checkbox"/> |
| <input type="checkbox"/> 3. Academic Transcript | <input type="checkbox"/> 8. Certificate of good stating (should be brought from the relevant | <input type="checkbox"/> |
| <input type="checkbox"/> 4. Passport copy | <input type="checkbox"/> council / board of the country where the applicant is currently registered) | <input type="checkbox"/> |
| <input type="checkbox"/> 5. Test result of English language requirement | <input type="checkbox"/> 9. Reference letter from the most recent employer | <input type="checkbox"/> |

DECLARATION BY EMPLOYER

WE CONFIRM THE AUTHENTICITY OF THE INFORMATION CONTAINED HEREIN ABOUT ORGANIZATION AND THE APPLICANT'S EMPLOYMENT STATUS WITH US.

NAME

SIGNATURE

OFFICIAL STAMP

DATE day/month/year

DECLARATION BY APPLICANT

1. THE INFORMATION PROVIDED WITH THE APPLICATION IS TRUE AND ACCURATE
2. I ACKNOWLEDGE THAT THE MALDIVES NURSING AND MIDWIFERY COUNCIL RESERVES ALL RIGHTS TO WITH-HOLD AND OR TO TERMINATE MY APPLICATION / REGISTRATION AND / OR TAKE ANY OF THE ABOVE INFORMATION OR DOCUMENTS TENDERED IS FOUND SUBSEQUENTLY TO BE FALSE. I ALSO UNDERSTAND AND GIVE CONSENT FOR THE MALDIVES NURSING AND MIDWIFERY COUNCIL TO MAKE ANY ENQUIRIES OR TO OBTAIN ANY INFORMATION & DOCUMENTS THAT IT DEEMS APPROPRIATE TO ESTABLISH MY FITNESS TO PRACTICE.

SIGNATURE

DATE day/month/year

INSTRUCTIONS

1. Certified copies of the following documents by a notary authority are to be sent to the Maldives Nursing and Midwifery Council (MNMN) in support of application.
 - a. Passport
 - b. Undergraduate and Postgraduate nursing qualifications as applicable.
 - c. Certificate of good standing (CGS) issued by the nursing licensing authority of the country where the nurses has been practicing for the last 1 year prior to application. The CGS received by MNMC must not exceed 6 months from its issue date.
 - d. Certificates of registration with other nursing licensing authorities.
2. Originals of the following documents should be submitted. MNMC will not accept any photocopies of these documents.
 - a. Evidence of work experience
 - Applicant is required to have 2 years of work experience in a clinical setting within last year.
 - Confirmation of work experience for all the years must be verified from the most recent nursing in charge of the institute and immediate supervisor (with Nursing / Medical background) (not less than one year gap at the date of application).
 - The reference should include the details of area of work, bed capacity (not less than 150) and other
3. English Language Requirement
 - Applicants should provide a minimum of English Language Requirements of IELTS band score 5.5 or its equivalent is required.
4. In addition to items (1b) and (1d) applicants for temporary registration as visiting experts need to submit the following document to the Council. at least 4 weeks before registration.
 - a. Letter from the sponsoring healthcare institution / facility registered in the Maldives stating the purpose of application and period required .

Additional Notes

1. Documents in foreign languages (other than English) shall be submitted together with the English official translations and original copies of the documents.
 - The Maldives Nursing and Midwifery Council will accept notarization by
 - The institute that issue the original certificate
 - Any embassy or consulate of the country that issued the original certificate
 - A government institute of the country that issued that original certificate.
2. All documentation should be complete, clear and eligible. The Council will not nor respond to illegible, unclear or incomplete copies. The Maldives Nursing and Midwifery Council will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
3. The Maldives Nursing and Midwifery Council may also request the nurse to submit any other documents for evaluation of his/her application
4. All supporting documentation must be submitted to the following address:
 - Secretariat
 - Maldives Nursing and Midwifery Council
 - Ministry of Health
 - Roashanee Building
 - Sosun magu
 - Male', Republic of Maldives
 - Email: mnmn@health.gov.mv
 - Phone: (960) 3014468, Fax: (960) 3014481