



MNMC-F-RM-V-003



MALDIVES
NURSING AND
MIDWIFERY COUNCIL

Application for Nursing Registration and Practicing Licence (Maldivians)

Notice:

1. Please use BLOCK letters in filling this application form
2. Items I to IV are to be filled and completed by the applicant.
3. Item V are to be filled by employer.
4. Registration at Maldives Nursing and Midwifery Council is to receipt of all necessary documents in good order.
5. If for new Registration, Attested copy of all certificates, National ID Card and a recent photograph (not more than six months) must be submitted along with this application. All originals will be returned after verification.
6. Registration fee (non-refundable)

Tick the appropriate box

- Provisional Registration
 Provisional License
 New Registration
 New License

Renew

- Registration
 License

Change of

- Qualification
 Category

Serial No:

Receipt No:

I PERSONAL DETAILS

Name: Sex: F M

Date of Birth: National ID Card No:

Nationality: Contact Tel No :

Permanent Address:

Current Address:
(If different from above)

E- Mail Address: Marital Status :



*please paste a
recent stamp size
photograph
here*

II FOR NEW REGISTRATION AND CHANGE OF QUALIFICATIONS

Professional Qualification	Institute	City / Country	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

III WORK EXPERIENCE

Organization	City	Country	Position held	Duration

IV FOR RENEWAL OF LICENSE (if previously registered in Maldives)

Registration Number : Practicing Licensing Number :

Registration date : Licensing Date :

Registration Expiry Date : Licensing Expiry Date :

Declaration by Applicant

I declare that the information provided in this form is correct to the best of my knowledge.

Signature: _____

Date : day/month/year

V CURRENT EMPLOYMENT (if applicable)

Place of Employment in Maldives:

Address:

Staff No: Position :

Date of Employment: Contract Valid till: Tel No :
(for contract staff only)

Declaration by Employer

I hereby declare that no disciplinary proceedings are in against the above practitioner and that he/she has never been subject to any enquiry. We confirm the authenticity of the information contained herein about this organizations and the applicant's employment status with us.

Name: _____

Signature: _____

Official Stamp

Date : day/month/year

For Official Use

Registration Number at Maldives Nursing and Midwifery Council:

Registered as: _____

Date : day/month/year

Signature : _____

Designation : _____

INSTRUCTIONS

1. New Registration for Maldivian nurses are required to submit:

Certified copies of the following documents with the originals

- a. National I/D card
- b. Undergraduate and Postgraduate nursing qualifications as applicable.
- c. Marks and transcript of the nursing program completed
- d. Certificates of registration with other nursing licensing authorities (if applicable).

3. Document to be submitted for Renewal of License

Maldivian nurses are required to renew the practicing license every 3 years. In order to apply for renewal following documents need to be submitted

- a. Renewal application form
- b. Copy of National I/D card
- c. Previous Registration and License copy
- d. A person whose name appears on the Council's register, but has not been in the clinical/service as a nurse/midwife for a period of 2 (two) years or more, must clear exam when applying to renew the license.

4. Payment Details

- a. Provisional Registration and License - MVR 150
- b. New Registration - MVR 1000
- c. New License - MVR 1500
- d. Extension of License - MVR 1500
- e. Change of Qualification - MVR 200
- f. Change of Category - MVR 500

5. 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: mnmc@health.gov.mv
Phone: (960) 3014468, Fax: (960) 3014481