

Registration No:



Practioner No:

**PAPUA NEW GUINEA NURSING COUNCIL
Medical Registration Act 1980
APPLICATION FOR RENEWAL OF LICENCE TO PRACTISE**

Please send your application to : PNG NURSING COUNCIL, OFFICE OF REGISTRAR, PRIVATE MAIL BAG, PORT MORESBY, PNG

PART A: PERSONAL DETAILS

TITLE Miss Ms Mrs Mr Sr Dr Prof

Family Name/Surname First Name Date of Birth / /

Marital Status Married Single Divorced Widow/Widower Other (specify)

Nationality Gender Female Male

Address (in full) : Contact No:

Province Email Address:

PART B: APPLICATION DETAILS

NURSING CATEGORY: Registered Nurse Midwife Maternal Child Health

Paediatric Nurse Mental Health Nurse Enrolled Nurse Nurse Aide

PART C: EMPLOYMENT DETAILS

Employment Status Full Time Part Time Studying Unemployed Others (specify)

Area of employment Government Private Church NGOs Others (specify)

Name of Employer Occupation

Function Type Place of work

Business Address Business No:

Reasons for unemployment

PART D: POST-GRADUATE QUALIFICATIONS eg. MIDWIFERY

Qualification Type	1 <input type="text"/>	Program Title	1 <input type="text"/>
	2 <input type="text"/>		2 <input type="text"/>
	3 <input type="text"/>		3 <input type="text"/>
Date Started	<input type="text"/>	Date Completed	<input type="text"/>
Institution:	<input type="text"/>	Country:	<input type="text"/>

After filling the above information, please attach copy of your receipt with this form to Papua New Guinea Nursing Council

Signature of Applicant

____/____/____
Date

E. PAYMENT DETAILS (for office use only)

Official Receipt No: Amount: PGK Date: ____/____/____

Nurse Aid 15PGK, Nurse/Midwife 70PGK, Overseas 250PGK

Officer Receiving: Signature: _____

Provincial Treasury Office Payment made: **PNG Nursing Council**

Stamp
ATP#