



Form NC 5.

Provisional Rego. No:

Practitioner No:

PAPUA NEW GUINEA NURSING COUNCIL
Medical Registration Act 1980

APPLICATION FOR FULL REGISTRATION AND LICENCE TO PRACTISE – OVERSEAS

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):
Province

Contact No:
Email Address:

PART B: APPLICATION DETAILS (I wish to apply for FULL REGISTRATION) as:

NURSING CATEGORY: Registered Nurse General Nurse Mental Health Nurse
 Paediatric Nurse Midwifery Theatre Management Nurse
 Specialist Nurse Other (please specify) _____

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

Qualification Type 1 _____ Program Title 1 _____
2 _____ 2 _____
3 _____ 3 _____

Date Started: Date Completed:

Training Institution:

Address:

Country:

Please attach copy of your receipt (**PGK500.00**) with this form to Papua New Guinea Nursing Council.

PART E: DECLARATION

I, the undersigned, certify that I am the person referred to in the foregoing application for registration as a registered nurse and/or midwife in Papua New Guinea 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 Papua New Guinea Nursing Council Board informed of any criminal charges and or physical or mental conditions which may jeopardize the quality of nursing care rendered by me to the public.

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

I have carefully read the information in the application form and have completed it without reservations of any kind. I declare that 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 be a cause for denial, suspension or revocation of my Licence to Practise as a nurse and or midwife in PNG.

Signature of Application

____/____/____
Date

Sworn Before Me: _____
COMMISSIONER FOR OATHS or recognised authority
from country of origin.

____/____/____
Date

F. PAYMENT DETAILS (for office use only)

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

Officer Receiving: Signature: _____

Provincial Treasury Office Payment made:

PNG Nursing Council
Stamp

ATP#