

Provisional Rego. No:



Practitioner No:

PAPUA NEW GUINEA NURSING COUNCIL

Medical Registration Act 1980

APPLICATION FOR FULL REGISTRATION AND LICENCE TO PRACTISE - PNG

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 (I wish to apply for FULL REGISTRATION as:

NURSING CATEGORY: Registered Nurse Midwifery Mental Health Nurse

Paediatric 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:	<input type="text"/>	Date Completed:	<input type="text"/>
Training Institution:	<input type="text"/>		
Address:	<input type="text"/>	Country:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		

Please attach copy of your receipt (PGK50.00) 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 organisations, 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 Applicant

____/____/____
Date

Sworn Before Me

____/____/____
Date

COMMISSIONER OF OATHS or recognised :
from country of origin.

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#