

2.4 Licensure in another country:

Type of Licensure	Current Registration Number	Country	Date of Issue	Expiry Date

2.5 Work history and experience:

Start with current to former experiences. If necessary, write your experiences on a separate page and attach it.

Name & address of institution of Practise e.g. hospital	Area of speciality e.g. midwifery	Position(s) held	Commencement month and year	Ending month and year

PART 3: PROPOSED EMPLOYER IN PAPUA NEW GUINEA

Name of Employer

Address:

Telephone number:

Mobile (Optional):

Email Address:

Fax Number:

All applicants to read and sign Part 4. 'Declaration' on the next page.

PART 4: DECLARATION

4.1 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 or midwife in PNG.

Applicant's signature

Date

4.2 Sworn Before Me:

**COMMISSIONER OF OATHS or recognised authority
from country of origin.**

Date

PART 5: OFFICE USE ONLY

Licence No:

Date of Receipt

Receipt No:

Amount Paid (PGK)

Receiving Officer:

Fee of K50.00 required
1-4 weeks Fee Waiver

Signature: _____

Date