



PAPUA NEW GUINEA NURSING COUNCIL
 Medical Registration Act 1980

GRADUATE VITAE

STUDENT NAME YEAR : TO

EDUCATION INSTITUE:

YEAR OF TRAINING	THEORETICAL CONTENT				CLINICAL AND FIELD EXPERIENCE			
	SUBJECTS	HRS REQD	HRS COMPLETED	AVG GRADE	MAJOR CLINICAL AREAS	NO. OF HRS IN HOSP	NO. OF HRS IN COMMUNITY	SPECIFIC SKILLS
FIRST YEAR								
SEMESTER 1								
SEMESTER 2								
TOTAL								
SECOND YEAR								
SEMESTER 1								
SEMESTER 2								
TOTAL								

G3 Graduate vitae (Instead of Skills Log Book)

THIRD YEAR SEMESTER 1								
SEMESTER 2								
TOTAL								

Provide in line with Office of Higher Education National Qualification Framework (2010) and Educational Institutes Curriculum in accordance with PNG Nursing Council Competency Standards (2002) and National Framework for the Accreditation, Monitoring and Evaluation of Nursing and Midwifery Education Programs (2005).

COMMENTS RELATING TO STUDENT'S PERFORMANCE:
ACADEMIC ABILITY:

CLINICAL / PRACTICAL ABILITY:

STATEMENT OF CONFIRMATION:

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORECT.

SIGNATURE: _____

PRINCIPAL/ DEAN

DNS/CLINICAL SUPERVISOR

STUDENT

DATE

NAME: _____
