



PAPUA NEW GUINEA NURSING COUNCIL
Medical Registration Act 1980

APPLICATION CHECKLIST FOR TEMPORARY LICENCE TO PRACTISE - OVERSEAS

Please read the instructions carefully before you submit your documents.

wish to apply for Nursing Registration as a **REGISTERED NURSE** or **MIDWIFE**.

PART 1: PERSONAL DETAILS

| | | | | | | | | |
|---|----------------------------------|---------------------------------|-----------------------------------|--|--|-------------------------------|-------------------------------|--|
| TITLE | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Mrs | <input type="checkbox"/> Mr | <input type="checkbox"/> Sr | <input type="checkbox"/> Dr | <input type="checkbox"/> Prof | |
| Family Name/Surname | | | | First Name | | | Date of Birth | |
| Marital Status | <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow/Widower | <input type="checkbox"/> Other (specify) | | | |
| Nationality | | | | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | | |
| Current Address where applicant may be contacted: | | | | Contact No: Business Hours | | | | |
| Address 1 | | | | Mob. (Optional) | | | | |
| Address 2 | | | | Email Address: | | | | |

Please read the instructions carefully before you submit your documents.

Fees for temporary registration will be 50PGK For 1-9 MONTHS : (To be paid by the employer agent per section 86 (2), (b), (iii), of the Registration Act 1980). The fees above can be paid at the Treasury office, Vulupindi building, Waigani, National Capital District, PNG.

All documents which are written in a foreign language other than English must be translated to English and certified

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

CHECKLIST

Criteria - please tick box

| | Yes | No |
|---|--------------------------|--------------------------|
| 1 Original receipt of the fees from the Treasury Office for applicants 2-9 months 50PGK | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Fee Waiver under section 117 of Medical Act 1980 for visit of 1-4 weeks | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 An application form for Temporary License to practice as a Nurse or Midwife in PNG is signed (Form NC 8). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 A letter or work contract from a PNG employer: proposed date to start employment, date completion of employment . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Evidence of current registration licence issued by Regulation Authority from home country | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Institutional awards - academic & professional awards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 An academic transcript (theory & clinical) of basic nursing and midwifery training done in other countries other than in Australia, New Zealand, UK, USA & Canada. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Curriculum Vitae - employment history since graduation, from current to previous experiences with dates shown alongside types of duties performed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Copy of the passport (shows photo of applicant) as verified accurate likeness by a recognised authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Current copy of police clearance report (from country of origin). | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Full medical report signed and certified by examining medical doctor from country of origin. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Evidence of name change if applicable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 International English Language Testing System (IELTS). Score of Band 4 or better or Certificate of English proficiency received from an English Language Instruction Institution which shows an applicant is proficient in English or completion of 5 years of secondary or 3 years of tertiary studies. | <input type="checkbox"/> | <input type="checkbox"/> |

PART 5: OFFICE USE ONLY

License No:

Date of Receipt:

Receipt No:

Amount Paid (PGK):

Receiving Officer:

Signature: _____

Date:

OFFICIAL PNG NURSING COUNCIL COMMENTS: