



## DETAILS OF EMPLOYER

EMPLOYER NAME

EMPLOYER ADDRESS

EMPLOYER CONTACT NO  EMPLOYER EMAIL ADDRESS

## SUPPORTING DOCUMENTS

### V DOCUMENTS TO BE SUBMITTED

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| 1. Nursing Qualification                         | <input type="checkbox"/> | 6. Evidence of valid registration at nursing council / board  | <input type="checkbox"/> |
| 2. Marksheet                                     | <input type="checkbox"/> | 7. Certificate Good Standing  | <input type="checkbox"/> |
| 3. Academic transcript                           | <input type="checkbox"/> | 8. Evidence of work experience *  | <input type="checkbox"/> |
| 4. Passport                                      | <input type="checkbox"/> | 9. Certificate of good standing ( should be brought from the relevant council / board of the country where the applicant is currently registered) | <input type="checkbox"/> |
| 5. Test result of english language requirement * | <input type="checkbox"/> | 10. Reference letter from the most recent employer .  | <input type="checkbox"/> |

## DECLARATION

1. The information provided with the application is true and accurate.
2. I acknowledge that the Maldives Nursing and Midwifery Council reserves all rights to with-hold and or to terminate my application / registration and / or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I also understand and give consent for the Maldives Nursing and Midwifery Council to make any enquiries or to obtain any information & documents that it deems appropriate to establish my fitness to practice.

SIGNATURE:

DATE : DDMMYY

## INSTRUCTIONS

1. Certified copies of the following documents by a notary authority are to be sent to the Maldives Nursing and Midwifery Council (MNMC) in support of application.
  - a. National ID Card or Passport
  - b. Undergraduate and postgraduate nursing qualifications as applicable.
  - c. Certificate of good standing (CGS) issued by the nursing licensing authority of the country where the nurses has been practicing for the last 1 year prior to application. The CGS received by MNMC must not exceed 3 months from its issue date.
  - d. Certificates of registration with other nursing licensing authorities
2. Originals of the following documents should be submitted. MNMC will not accept any photocopies of these documents.
  - a. Evidence of work experience
    - Applicant is required to have 2 years of work experience within the last 5 years in a clinical setting.
    - Confirmation of work experience for all the years must be verified from the most recent employer and immediate supervisor (with Nursing / Medical background).
    - In addition to applicants work performance to job , the reference should be mention area of work, hospital bd capacity and other relevant information regarding the facility
3. English Language Requirement  
Applicants should provide a minimum of English language requirement of IELTS band score 5.5 or its equivalent is needed.
4. In addition to items (1b) and (1d) applicants for temporary registration as visiting experts need to submit the following document to the Council, atleast 2 weeks before registration.
  - (a) Letter from the sponsoring healthcare institution / facility registered in the Maldives stating the purpose of application and period required.

### Additional Notes

1. Documents in foreign languages shall be submitted together with the certified English translations and original copies of the documents. The Maldives Nursing and Midwifery Council will accept notarization by (i)The institute that issue the original certificate (ii) Any embassy or consulate of the country that issued the original certificate, (iii) A government institute of the country that issued that original certificate.
2. All Documentation should be complete, clear and legible. the council will not nor respond to illegible, unclear or incomplete copies. The Maldives Nursing and Midwifery Council will not be responsible for delays that occur due to submission of illegible or incomplete documentation.
3. The Maldives Nursing and Midwifery Council may also require the nurse to submit any other documents for evaluation of his / her application.
4. All supporting documentation must be submitted to the following address:  
Secretariat  
Maldives Nursing and Midwifery Council  
Ministry of Health  
Roashanee Building  
Sosun magu  
Male' , Maldives