

**THE NURSES AND MIDWIVES REGISTRATION ACT- 2003
APPLICATION FOR REGISTRATION**

Fill in all applicable information and provide supporting documents as outlined below.

REGISTRATION TYPE (Tick all applicable boxes):

Registered Nurse: Nursing Assistant Midwifery: Other (Specify): _____

PERSONAL DATA:

Full Name _____

Country of Birth _____ Date of Birth ____ / ____ / ____

Permanent Postal Address: _____

Primary Phone Number: _____ E-mail address: _____

EDUCATION:

Name of Nursing Program: _____

Name of University / College/School where qualification (s) were obtained:

Location of University / College/School where qualification (s) were obtained:

Entrance Date: ____ / ____ / ____ Graduation/ Completion Date ____ / ____ / ____

NURSE SPECIALIST EDUCATION:

Name of Master's Degree /Nurse Specialist Academic Program: _____

Name of University / College/School where qualification (s) were obtained:

Location of Name of University / College/School where qualification (s) were obtained:

Area of study/specialization/Clinical Field: _____

Entrance Date: ____ / ____ / ____ Graduation/ Completion Date ____ / ____ / ____

I certify that all information provided in connection with this application for registration is true, correct, and complete. I forward herewith the application fee of \$150.00Bz and I promise in the event of my being so registered and in consideration thereof to be bound by and conform in all respects to the rules for the time being in force.

Signature of Applicant: _____ Signature of Witness: _____

Date: ____ / ____ / ____ Address of Witness: _____

Please note the following requirements are to be submitted with application form:

1. Proof of citizenship (birth certificate).
2. Valid identification document (Passport or Social Security Card).
3. Notarized and authenticated original degree, diploma or certificate. The final authentication must be that of the Embassy of Belize or British High Commission of that country.
4. Official *untampered* transcript mailed directly to the Nurses and Midwives Council at P.O. Box 933, Belize City, Belize.
5. Official translation to English if documents are in any other language.
6. Proof that applicant is able to read and write English.
7. A Copy of recent police record from place of residence
8. Non- refundable Application Registration Fee of \$150.00Bze made payable in cheque or cash deposit to the Nurses and Midwives Council account.

OFFICIAL USE ONLY	
Application approved	
Yes	No
Date: _____	
Initials: _____	

