

FOURTH SCHEDULE FORM B

Application to sit for the Final Nursing Assistant Licensure Examination:

This form is to be filled and signed by the Candidate.

A marriage certificate should accompany this form (if married since entering the school). Examination fee and filled application form must be returned to the Registrar, Nurses and Midwives Council of Belize no later than the due date given on the Memo.

I submit here with my application to sit the
Nursing Assistant Licensure examination in _____

My particulars are as follows:

Surname: _____

(These names and spelling must agree with your birth certificate)

Other Names in full: _____

(First)

(Middle)

Date of Birth: _____

Permanent Private Address: _____

(Council should be notified if any changes)

Marital Status: () Single () Married () Common- Law

Gender: **M / F**

Contact No#: _____

E-mail address: _____

Have you previously entered for the final examination? _____

If yes, state year, and results

Year _____ Paper 1 _____ Paper 2 _____

Name of Nursing School, University _____

Application fee of \$150.00BZ should be deposited into the Nurses and Midwives Council account at **Belize Bank Limited account # 233986010120025**

Fee: 1. For first entry \$ _____

2. For re-entry \$ _____ Paper _____

Date: _____

Signature: _____

