



**MALDIVES  
NURSING AND  
MIDWIFERY COUNCIL**



**Application for Nursing Registration and Practicing License (Foreigners)**

BEFORE COMPLETING YOUR APPLICATION FORM PLEASE READ THE INSTRUCTIONS PROVIDED IN PAGE 2,  
PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS.

- Pre- Registration     
  Provisional Registration and License     
  Registration     
  Practicing License

IDENTIFICATION	
TYPE OF IDENTIFICATION <input type="checkbox"/> PASSPORT NO: <input style="width: 100px;" type="text"/> APPLICANT'S PHONE NO: <input style="width: 100px;" type="text"/>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 1.2em; color: gray;">Applicants Photograph (Passport size)</p> </div>
FULL NAME (AS SHOWN IN NIC/PASSPORT) : <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE      EMAIL: <input style="width: 100%;" type="text"/>	
DATE OF BIRTH <input style="width: 100px;" type="text"/> NATIONALITY <input style="width: 100px;" type="text"/>	
PERMANENT ADDRESS <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	

QUALIFICATION
TITLE OF QUALIFICATION <input style="width: 100%; height: 20px;" type="text"/>
NAME OF INSTITUTION ( COLLEGE / UNIVERSITY / EXAMINING BODY) <input style="width: 100%; height: 20px;" type="text"/>
COUNTRY <input style="width: 100px;" type="text"/>
START DATE <input style="width: 100px;" type="text"/> END DATE <input style="width: 100px;" type="text"/>

ADDITIONAL QUALIFICATION
TITLE OF QUALIFICATION <input style="width: 100%; height: 20px;" type="text"/>
NAME OF INSTITUTION ( COLLEGE / UNIVERSITY / EXAMINING BODY) <input style="width: 100%; height: 20px;" type="text"/>
COUNTRY <input style="width: 100px;" type="text"/>
START DATE <input style="width: 100px;" type="text"/> END DATE <input style="width: 100px;" type="text"/>

LICENSING EXAMINATION (If applicable)
Are you required to take a licensing examination before you can practice as a nurse in the country where you obtained your nursing qualification?
<input type="checkbox"/> Yes (1) Year Attempted      (2) No. of times attempted
<input type="checkbox"/> No State reason

REGISTRATION DETAILS (if previously registered in Maldives)

Registration Number :  Practicing Licensing Number :

Registration date :  Licensing Date :

Registration Expiry Date :  Licensing Expiry Date :

FOR REGISTRATION: CURRENT EMPLOYMENT

PLACE OF EMPLOYMENT IN MALDIVES

ADDRESS

STAFF NUMBER  POSITION

DATE OF EMPLOYMENT  CONTRACT VALID TILL  CONTACT NO   
*(for contract staff only)*

SUPPORTING DOCUMENTS

**DOCUMENTS TO BE SUBMITTED**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 1. Nursing Qualification                       | <input type="checkbox"/> | 6. Evidence of valid registration at nursing council / board | <input type="checkbox"/> |
| 2. Mark sheets                                 | <input type="checkbox"/> | 7. Certificate of Good Standing                              | <input type="checkbox"/> |
| 3. Academic Transcript                         | <input type="checkbox"/> | 8. Verification Certificate                                  | <input type="checkbox"/> |
| 4. Passport copy                               | <input type="checkbox"/> | 9. Reference letter from the most recent employer            | <input type="checkbox"/> |
| 5. Test result of English language requirement | <input type="checkbox"/> | 10. Police Clearance Certificate                             | <input type="checkbox"/> |

DECLARATION BY EMPLOYER

WE CONFIRM THE AUTHENTICITY OF THE INFORMATION CONTAINED HEREIN ABOUT ORGANIZATION AND THE APPLICANT'S EMPLOYMENT STATUS WITH US.

NAME

SIGNATURE

OFFICIAL STAMP

DATE

DECLARATION BY APPLICANT

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 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

## 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. Passport
  - b. Undergraduate and Postgraduate nursing qualifications as applicable.
  - c. Certificate of **Good Standing (CGS) and verification** 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 6 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** in a clinical setting with in last year.
    - Confirmation of work experience for all the years must be verified from the most recent nursing in charge of the institute and immediate supervisor (with Nursing /
      - Medical background) (not less than one year gap at the date of application).
      - The reference should include the details of area of work, bed capacity (**not less than 150**) and other
3. **English Language Requirement**
  - Applicants should provide a minimum of English Language Requirements of **IELTS band score 5.5 or its equivalent is required.**
4. In addition to items (1b) and (1d) applicants for temporary registration as visiting experts need to submit the following document to the Council at least 4 weeks before registration.
  - a. Letter from the sponsoring healthcare institution / facility registered in the Maldives stating the purpose of application and period required.
5. Police Clearance.

### Additional Notes

1. Documents in foreign languages (other than English) shall be submitted together with the English official translations and original copies of the documents. The Maldives Nursing and Midwifery Council will accept notarization by
  - The institute that issue the original certificate
  - Any embassy or consulate of the country that issued the original certificate
  - A government institute of the country that issued that original certificate.
2. **All documentation should be complete, clear and eligible.** 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 request the nurse to submit any other documents for evaluation of his/her application**
4. **Exceptional Criteria for additional qualification with general nursing and Midwifery.**
  - Must have completed advanced diploma in relevant field applying for registration (eg, Critical care nursing, Theater nursing, Oncology, etc....)
  - Must submit certificate of completion of the relevant field applying for registration (eg, Critical care nursing, Theater nursing, Oncology, etc....)
  - The applicant is required to have one year of work experience after completion of relevant field applying for registration. (eg, Critical care nursing, Theater nursing, Oncology, etc....) and gained work experience is not less than 50 bed capacity hospital or medical centers.
5. **All supporting documentation must be submitted to the following address:**

Secretariat  
Maldives Nursing and Midwifery Council  
Ministry of Health  
Roashanee Building  
Sosun magu  
Male', Republic of Maldives  
Email: [mnmc@health.gov.mv](mailto:mnmc@health.gov.mv)  
Phone: (960) 3014468, Fax: (960) 3014481