

NURSING & MIDWIFERY COUNCIL OF NIGERIA

Murtala Mohammed Way, Central Medical Library Compound, Opp. Yaba Terminus, P.M.B. 21194 Ikeja, Lagos. Tel: 01-7746248

LICENSING OF PROFESSIONAL NURSES

(Ref: Amendment Decree Number 54 of 1988) FOR OFFICIAL USE ONLY * 2 recent Identical coloured Code LICENSE NO ... passport photographs in white background (not more than 3 months). DATE OF ISSUE RECEIPT NO -Please write the following at * PLEASE COMPLETE IN BLOCK LETTERS the back: APPLICANTS FOR FIRST LICENSING SHOULD COMPLETE SECTIONS A - C, Name li. Reg. No. lii. Address APPLICANTS FOR RENEWAL OF LICENSE SHOULD COMPLETE SECTIONS A - D. **SECTION A** NAME_ Surname Maiden Name (Nee) First Name Middle Name SEX — DATE OF BIRTH — Day Month MARITAL STATUS -NATIONALITY-PERMANENT ADDRESS / PHONE Number -POSTAL ADDRESS -NAME AND ADDRESS OF EMPLOYER -STATE/LOCAL GOVERNMENT AREA WHERE EMPLOYED -PRESENT POSITION-CURRENT AREA OF PRACTICE -NAME OF IMMEDIATE SUPERVISOR -**SECTION B** PROFESSIONAL QUALIFICATIONS (State Schools of Training with Dates of Qualification) Licencing Fee N5000 for 3 years.
Penalty for late First Licencing
N3000 per year of default from
1991 to date. All fees are payable in BANKDRAFT to N&MCN, Lagos (5) PLEASE ATTACH PHOTOCOPIES OF YOUR NOTIFICATION OF REGISTRATION OR CERTIFICATES WITH THE NMCN SECTION C PROFESSIONAL REGISTRATION WITH NURSING AND MIDWIFERY COUNCIL OF NIGERIA (No Foreign Registration Number Please) DATE NURSING SPECIALTIES REG. NUMBER COUNTRY OF ISSUED TRAINING GENERAL NURSING MIDWIFERY (IF COMMUNITY MIDWIFE STATE SO)
PSYCHIATRIC NURSING
PUBLIC HEALTH NURSING NURSE ADMINISTRATOR NURSE EDUCATOR MIDWIFE EDUCATOR PUBLIC HEALTH NURSE EDUCATOR PERI-OPERATIVE NURSE NURSE ANAESTHETIST ORTHOPAEDIC NURSE OPTHALMIC NURSE ACCIDENT / EMERGENCY NURSE **PAEDIATRIC** OTHERS - SPECIFY NOTE: Any change of name since last licencing exercise should accompany application with (a) N2000 bank Draft (b) Photocopy of Marriage Certificate / Swom Affidavit (c) Newspaper Publication (d) Handwritten application for change of name. I Certify that the information supplied above is true to the best of my knowledge Signature of Applicant Name/Signature of Supervising Nurse Date

Attach ORIGINAL of Expired Licence. (For lost licences, Original Copy of Swom Affidavit should be attached.)

		- FOR OFFICIAL USE ONLY	
Licence issued	on	Expiry Date—	
		COLLECTED BY:	
Name:			
Address:			
_	Signature	_	Date

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