



QEF(N) NURSING & MIDWIFERY COUNCIL OF NIGERIA

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

APPLICATION FORM FOR THE FINAL QUALIFYING EXAMINATION FOR NURSES

(This portion is to be completed by the applicant)

Staple 2 passport
Photographs here
write Your Name and
School Address at
the back.

SECTION A - PERSONAL DATA

Surname: _____
(In block letters, please)

Other Names: _____

Maiden Names: _____
(If any)

Sex: Female Male

Marital Status: Single Married

Name of School: _____

Index Number: _____

SECTION B - PROFESSIONAL EDUCATION AND QUALIFICATION

Name of Institution	Date of Examination	Qualification Obtained	Registration Number
1.			
2.			
3.			

Declaration

I hereby declare that:

4. The above information is true and correct
5. I have attended all the lectures during my training up to date
6. I enclose here with the prescribed fee of N

.....
Signature of Candidate

Date

SECTION C - THEORY AND CLINICAL EXPERIENCE

(This portion is to completed by the Principal or Senior Tutor on behalf of the Candidate)

THEORY - COURSES IN HOURS

Courses	Hours of Lectures	No. Of Hours Attended	Lecturer
Foundation of Nursing	150		
Human Biology	180		
Physics and Chemistry	45		
Behavioural Science	150		
English Language	75		
Nutrition	60		
Community Health Nursing (PHC)	150		
Phamacology	105		
Maternal and Child Health Nursing	105		
Microbiology	165		
Media-Surgical Nursing	30		
Psychiatric Nursing	405		
Management and Teaching	90		
	30		

CLINICAL EXPERIENCE IN WEEKS

Medical Nursing	Community Health Nursing
Surgical Nursing	Out-Patient Clinics/Emergency Unit.....
Material and Child Health Nursing	Operating Theatre.....
Obstetric and Gynecology.....	Others; (Specify).....
Pediatrics.....
Orthopaedic Nursing.....

SECTION D - CERTIFICATION

I hereby certify that
(Please state candidate's Surname first and other names)

Was admitted as a student Nurse into.....
(Name of School)

From To

She is sitting for the attempt. During the period of training,
 she had Days sick leave and days vacation

Conduct during training. Satisfactory

Not Satisfactory

.....
Name & Signature of Principal or Head of School and Official Stamp

FOR OFFICE USE ONLY
Examination Number:
Index Number:
Number Of Attempt.....
Signature:.....