



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 PSYCHIATRIC NURSES

(This portion is to be completed by the applicant)

Staple 2 passport
Photographs here
with name and
School Address
written at the
back.

SECTION A - PERSONAL DATA

Surname: _____
(In block letters please)

Other Names: _____

Maiden Names: _____

Sex: Female Male
(If any)

Marital Status: Single Married

Name of School: _____

Index Number: _____

SECTION B - PREVIOUS PROFESSIONAL EDUCATION AND QUALIFICATION

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

DECLARATION

I hereby declare that:

1. The above information is true and correct
2. I have attended all the lectures during my training up to date
3. 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
Human Biology	80		
Microbiology	15		
Nutrition / Dietetics	20		
Psychology	20		
Sociology	40		
Public and Community Health	30		
Medical Nursing with Applied Human Biology	50		
Surgical Nursing	60		
Psychiatric Nursing	60		
Occupation Therapy	100		
Principles of Psychiatric	25		
	40		
Community psychiatric Nursing	50		

CLINICAL EXPERIENCE IN WEEKS

Psychiatric Nursing (Acute):..... Electroconvulsive Therapy

Medical /Surgical Nursing Community Psychiatric Nursing.....

Occupational therapy Department... Others; (Specify).....

Psychiatric Nursing (Chronic).....

.....

.....

SECTION D - CERTIFICATION

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

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

From To

He / She is sitting for the attempt. During the period of training,

he/ 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:.....