

REPUBLIC



OF CYPRUS

MINISTRY OF HEALTH

**FORM FOR REQUEST FOR THE ISSUANCE OF A CERTIFICATE
OF CURRENT PROFESSIONAL STATUS**

Registrar
Nursing and Midwifery Council

I (name)..... I.C. Number Postal
AddressPostal Code.....Country
..... Tel. e-mail address@.....

request the issuance of a Certificate of Current Professional Status. I declare that I acknowledge that this Certificate will contain personal information listed as follows: name, gender, date of birth, nationality, registration number, professional qualifications, postal address and status of registration in the Nursing / Midwifery Register. I give consent to the disclosure of this information to the regulatory body named below *.

I enclose the following documents:

- 1, A Criminal Record from the country of residence of the last 6 months
2. Certificate from a Cypriot employer clearly stating the duration of employment in Cyprus
3. Copy of the Certificate of Registration in the Register of Nurses / Midwives
4. Copy of the Certificate of License to Practice
5. Receipt of a deposit for the amount of 40€ into the account: Bank of Cyprus Account Number 357005-904-426.
6. * Name and address of the Competent Authority to which the Certificate will be sent to by the Cyprus Nursing and Midwifery Council:

Signature

Date

