



**MINISTRY OF HEALTH
NURSING AND MIDWIFERY COUNCIL**

NMC FORM [03]

President and Members

Nursing and Midwifery Council

Application for Renewal of License to Practice (Four Years)

I Holder of Identity Card/
Passport Number....., Registration Number and Registered
as a Nurse (General or Mental Health) , Midwife , request the renewal of my License to
Practice according to the Nursing and Midwifery (Procedure for Registration, Provision and Renewal of
Professional License to Practice) Regulations 34/2012.

(Please note that a separate application must be submitted for each renewal of a license to practice for
each part of the Register)

I enclose the following documents:

		Check X
1	Photocopy of previous certificate of License to Practice	
2	Original document - Free Criminal Record (Issued within 3 months prior to this application)	
3	(For non E.U Applicants) Permission of Residence in the Republic of Cyprus	
4	(For non E.U Applicants) Work Permit as nurse / midwife in the Republic of Cyprus	
5	Certified copies of Certificates proving 32 hours or 20 International Credits of participation in Continuous Professional Development in the relative professional field	
6	Certificates proving 25 days per year of professional practice in the relative field (Salary Statement and Social Insurance Slip)	
7	Receipt of payment of the amount of €40 into the following Bank of Cyprus Account Number 357004-711-330	

Applicants signature..... Date.....

Contact Details:

Address: Street Number

District Post Code

Telephone Number (Home)(Mobile)

E-Mail Address@.....

