



CYPRUS NURSING AND MIDWIFERY COUNCIL

NURSING AND MIDWIFERY LAW 214/1988 TO 163(I)2020

AND REGULATIONS ACCORDING TO ARTICLE 22

APPLICATION FOR REGISTRATION IN THE NURSING REGISTER – GENERAL NURSING (Article 4(1) (α) (i)) AND ISSUANCE OF A LICENSE TO PRACTICE GENERAL NURSING

ALL applicants must complete the following fields –

For completion, please refer to instructions.

1. PERSONAL DETAILS (Please complete in capital letters)

NAME:

SURNAME:

MAIDEN NAME:

NATIONALITY:

IDENTITY CARD NUMBER:

PASSPORT NUMBER:

(If no identity card is available)

DATE OF BIRTH:

(day/month/ year)

GENDER:

(Please place a √ in correct box)

MALE

FEMALE

In the event the applicant is not a citizen of an E.U member state, please fill in the country accordingly (providing evidence):

A) Spouse of E.U member state citizen..... (name of country)

B) Child of EU member state citizen (name of country)

2. POSTAL ADDRESS WHICH THE COUNCIL SHOULD CONTACT

(Please fill in all fields)

Name:

Street: Number

District or Village:

Postal code: Town: Country:

P.O Box number:

Telephone no. : Home:Work:Mobile:

Fax number:

Electronic address: @

3. THIS APPLICATION IS BEING SUBMITTED FOR: (mark box with ✓)

(a). Registration in Register	General Nursing	
(b) Issuance of license to practise	General nursing	

4. PROFESSIONAL EDUCATION

NURSING EDUCATION - BASIC AND POST GRADUATE

FROM Month/ Year	UNTIL Month/ Year	NAME OF EDUCATIONAL INSTITUTION	DIPLOMA/DEGREE/CERTIFICATE/ OTHER (PLEASE SPECIFY)

FULL POSTAL ADDRESS OF EDUCATIONAL INSTITUTION AT WHICH BASIC NURSING QUALIFICATION WAS OBTAINED:

(Required)

.....
.....
.....

With this application I deposit the amount of 35€ and enclose the bank receipt. Account number 3570 0590 2997

FOR ALL APPLICANTS:

- i. I confirm that all the above details are correct.
- ii. Upon registration and issuance of license to practice I undertake responsibility to comply to all the provisions of the laws and regulations which apply in the Republic of Cyprus. (www.moh.gov.cy).
- iii. I undertake the responsibility, as stipulated by law, to inform the Registrar of any changes in my personal deals e.g., change of address / surname etc
- iv. I declare that I have read all the information and consent that the Nursing and Midwifery Council may seek further information from the Competent Authority of my country, or other country in which I have worked as a nurse in, by use of the IMI

PHOTOGRAPH

APPLICANT'S SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

Date of submission:

Name of recipient:

Signature of recipient:

Method application received: Post / By hand/ Courier

Is the application fully complete: YES / NO

If application is not complete which documents are pending:

1.....

2.....

3.....

4.....

Actions taken to inform applicant about pending documents or any other problems:

Receipt of delivery (This is to be given to the applicant on receipt of completed application)

Name and surname of recipient:

Date of application:





INSTRUCTIONS
CYPRUS NURSING AND MIDWIFERY COUNCIL
NURSING AND MIDWIFERY LAWS 214/88 – 163(I)2020

INSTRUCTIONS FOR THE CORRECT COMPLETION OF THE APPLICATION FOR REGISTRATION IN THE REGISTER OF NURSES – GENERAL NURSING AND ISSUANCE OF A LICENSE TO PRACTICE IN GENERAL NURSING

In accordance with paragraph (a) of subparagraph (1) of Article 7 of the Nursing and Midwifery Law 1988 – 2020 any person is NOT permitted to practice nursing in the Republic of Cyprus unless he / she is registered as a General Nurse in the Register of the Republic of Cyprus and is the holder of a valid license to practice in General Nursing.

You are requested to read these instructions carefully and follow them diligently, if the application is not completed appropriately it will cause delay in the processing of your application.

The application form must be fully completed (all fields completed) in order to be processed and evaluated by the Cyprus Nursing and Midwifery Council. The decision of the Council will be forwarded to you by post within a period of time which will not exceed three months from the date of receipt of a COMPLETED application.

In the event that the application is incorrectly completed or there are missing documents your application will remain pending until all the necessary information is provided. If a period of six months elapses then the application procedure will be cancelled. Following that, you will be required to submit a new application and resubmit the application fees.

For any queries or clarifications concerning the completion of the application form, please contact the Registrar's office: Telephone number 22 605455 / 477, Fax number 22 605789 or by email to mevangelou@moh.gov.cy or registrar_cynmc@moh.gov.cy

1.A. INFORMATION REQUIRED BY ALL APPLICANTS FOR REGISTRATION IN THE NURSING REGISTER FOR GENERAL NURSING AND THE CONCURRENT ISSUANCE OF A LICENCE TO PRACTICE

1. Appropriately, legible, completed application form for registration in the Nursing Register – General Nursing.
2. Please do not send original documents with your application, therefore the Council requires the following certified documents (This can be accomplished by the following ways, the document can be certified by the authority it was issued from, by an apostille certificate which is issued by the Ministry of Justice of your country or finally a Diplomatic Stamp from the Ministry of Exterior of your Country) –
 - (a) Certificate / Diploma / Degree in General Nursing
 - (b) Valid certificate of registration according to the country of origin of applicant
 - (c) Certificate of registration and CLINICAL EXPERIENCE obtained by applicant following registration according to laws and regulations of country of origin

- (d) Certificate of Current Professional Practice of the applicant issued by the Competent Authority of the country of origin which should fully comply with provisions of Edinburgh Agreement of 2005.
3. Certification of professional practice in General Nursing since graduation. A letter of reference from last employer must be enclosed.
 4. Two identical, recent passport photographs (please see specific instructions).
 5. Photocopy of the page of your passport OR Identity Card which clearly shows personal details and photograph. Expired documents will not be accepted.
 6. A certificate of clear criminal record, issued by the police dated within THREE months of the date of application. Please note that this document must be issued by the police of the country where you have been residing in for the past six months.
 7. Please note that all documents submitted to the Council must be true certified copies, in the ways mentioned before, of the original documents, please DO NOT send original documents, which where necessary should be translated into the Greek or English language by the competent authority of your country of origin OR by an approved Official Translator. If in Cyprus you must consult the Register of Sworn Translators at <https://www.pio.gov.cy/en/register-of-sworn-translators.html>
 8. As stipulated by paragraph (1) and (2) of Article 10 of the Nursing and Midwifery Law 1988 to 2020, in order to practice Nursing in the Republic of Cyprus it is necessary to possess an elementary knowledge of the Greek Language, this is subject to change in the near future for purposes of patient safety. In order to assess this, members of the Nursing and Midwifery Council conduct a personal interview during which it establishes the applicant's level of knowledge of the Greek language. A license to practice cannot be issued until you have been successful in this interview.
 9. All citizens of EU must apply for a registration certificate MEU1 (Civil Registry and Migration Department – Migration Section – Ministry of Interior) within four months from the date of entry into the Republic of Cyprus. You may find instructions and applications forms on the following official site www.moi.gov.cy/MOI/CRMD

1.B. ADDITIONAL INFORMATION REQUIRED FROM ALL APPLICANTS WHO ARE NON-EU CITIZENS

1. A work permit from the Department of Labour of the Ministry of Labour and Social Insurance.
 2. A true certified copy of a school leaving certificate or a certificate of general school education of a ten year duration.
 3. A true certified copy of a programme of nursing or midwifery which clearly defines the hours or credits of theory and practice per module e.g., medical nursing, surgical nursing etc.
2. It is brought to your attention that within the framework of the application of the European Directives 2005/36 (and amending Directive 2013/55) and 2006/123/EC as well as the relative harmonised national laws of 31(I)2008 and 76(I)2010, the Council reserves the right to use the Internal Market Information System (IMI), to request and receive information concerning the applicant from the competent authority of the member state of the member state from which the applicant states he /she was registered or educated in.

Furthermore, in the event that a person is registered in any register maintained by the Council and submits an application for registration in a register of another member state belonging to the European Union or European Free Trade Association, the Council, in order to simplify its procedures and administrative collaborations required for the examination of the application for registration of a member, if requested via the IMI system, may notify the competent authority of the

host member state, providing information concerning the applicant relevant to the content of the application for registration.

According to Article of the Law 76(I)2010 the council may notify competent authorities of other member states about every activity of provision of services which could potentially cause harm to the health and safety of persons or the environment, utilising the "ALERT SYSTEM" which is provided by the IMI.

The coordinators of the IMI System act as competent authorities and as such may send receive requests for information.

Further details concerning the Internal Market Information System may be found on the following website : http://ec.europa.eu/internal_market/imi-net or via the website of the Ministry of Commerce, Industry and Tourism at <http://www.mcit.gov.cy>

3. A deposit of the fee should be made to a branch of the Bank of Cyprus Public Company Limited to third party to the account number as listed below. This can also be a transaction made on line. The IBAN to be used for the recognition of your account when transfers are being made from abroad is CY43002001950000 plus account number and the SWIFT address (BIC Code) of the Bank of Cyprus Limited is BCYPCY2N.

PLEASE note that the payment of the sum of 35 euros as listed below covers the submission of the application. In the event that the application proceeds through the Council and is approved, another 35 euros have to be deposited for the issuance of the Certificate of Registration and License to Practice.

FEES

Payment of fees must be made to the Bank of Cyprus Public Company Limited be a transfer to third party to the appropriate account following your choice of service as listed below:

TYPE OF SERVICE	ACCOUNT NUMBER	FEES €	MARK WITH X
Application for registration in the Register and issuance of a license to practice	357005-902-997	35	
Submission of Fee following approval	357005-904-167	35	
Application for reassessment or existing application for registration in the Register	357005-903-896	35	

The deposit slip of payment accompanying the application must state your name/surname and Identity Card or Passport Number

CHECKLIST

Please double check you have included all following documents to the Registrar of the Nursing and Midwifery Council, this will help avoiding unnecessary delays.

	DOCUMENT	√
1	Fully completed application form	
2	Certified copy of Nursing Certificate / Diploma / Degree	
3	Police Record	
4	Copy of Passport or Identity Card showing all details and photograph	
5	Two passport type photographs	
6	Evidence of registration from country of origin	
7	Evidence of nursing practice Reference letter and payslips. There must be a reference from last employer.	
8	MEU1Form	
9	Certificate of Current Professional Status	
10	Evidence fee have been paid	
Extra documents required from NON-EU Citizens		
1	Work permit from Cyprus	
2	Residency permit for Cyprus	
3	Certified copy of school leaving certificate	
4	Analytical programme of nursing education stating hours or credits by module, covering both theory and practice	