



**FEDERAL DEPARTMENT OF NURSING, MOH**

**NOTIFICATION OF NEW NURSE GRADUATE ENROLLMENT IN THE  
PROFESSIONAL DEVELOPMENT PROGRAM FOR THE NEW NURSE  
GRADUATE**

HOSPITAL / DISTRICT: \_\_\_\_\_

NAME OF NEW NURSE GRADUATE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

CIVIL SERVICE NUMBER (If available): \_\_\_\_\_

CLINICAL AREA (placement): \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_

DATE OF STARTING ON THE PROGRAM: \_\_\_\_\_

NAME OF PROGRAM FACILITATOR: \_\_\_\_\_

POSITION OF FACILITATOR \_\_\_\_\_

NAME OF PRECEPTOR: \_\_\_\_\_

DIRECTOR OF NURSING: \_\_\_\_\_

Please print name

\_\_\_\_\_

Signature

When completed please send Notification Form to the Federal Department of Nursing (Dubai): Emirati Nurse and New Graduate Development Section, ☎: 04-3966230 F:04-3963084 and retain a copy for your records.