

Ministry of Health  
Department of Nursing  
Regulation and Registration  
P. O. Box 1853  
Dubai , United Arab Emirates



Applicant's No. \_\_\_\_\_

## Verification of License/ Registration

Applicant to complete this section and mail the verification form to the Nursing/Midwifery Licensing Authority in the country where currently licensed.

I am licensed/registered by: \_\_\_\_\_  
(Name of the Nursing / Midwifery Licensing Authority)

My name on the license/registration \_\_\_\_\_

My original license/registration number(s) \_\_\_\_\_

Type of License(s) \_\_\_\_\_

My name on the UAE Nursing/Midwifery Registration Application \_\_\_\_\_

Signature of applicant \_\_\_\_\_

Applicant's mailing address \_\_\_\_\_

Applicant not to write below this line. To be completed by the Licensing Authority

Dear Colleague,

The above applicant has applied to practice Nursing /Midwifery in the United Arab Emirates and has indicated licensure/ registration with your authority. Please complete and return this form directly to the address in the upper right hand corner. Please do not give this verification form to the applicant. Thank you for your valuable assistance in this important professional matter.

• Classification / type of License : \_\_\_\_\_ License No. \_\_\_\_\_  
Issued On: \_\_\_/\_\_\_/\_\_\_\_\_ Expiry date \_\_\_/\_\_\_/\_\_\_\_\_ Or No expiry:

• Classification / type of License : \_\_\_\_\_ License No. \_\_\_\_\_  
Issued On: \_\_\_/\_\_\_/\_\_\_\_\_ Expiry date \_\_\_/\_\_\_/\_\_\_\_\_ Or No expiry:

• Applicant Licensed by: Exam  Endorsement

• Status of License(s): Current  In-Active  Lapsed

• Has license ever had any type of disciplinary action? (revoked, suspended, surrendered, restricted or placed on probation) No  Yes  (If yes, please explain and attach)

• Is licensee currently under investigation? No  Yes  (If yes, please explain and attach)

Name of Nursing/ Midwifery Licensing Authority: \_\_\_\_\_

Address: \_\_\_\_\_

### OFFICIAL SEAL

\_\_\_\_\_  
(Name of Officer completing verification)

\_\_\_\_\_  
(Title of Officer completing verification)

\_\_\_\_\_  
(Signature )

\_\_\_\_\_  
(Date completed)