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

Applicant's No._____

Verification of Nursing Education

Complete this section and send this verification form to the Nursing School / College where you graduated

Present Name _____
First Middle Last

Date of Birth____/____/_19_____**Sex: M F Nationality** _____**Passport** _____

I Graduated (Date)____/___/19_____**from (Name of school)**_____

My name on my certificate /diploma was:_____

I hereby request that this verification form be completed, a transcript included and mailed to the above adders _____

Signature of Applicant

Applicant not to write below this line.

To be completed by the Chief Administration Officer of the School of Nursing granting the certificate / diploma :

Dear Sir/ Madam,
The above applicant has applied to practice Nursing in the United Arab Emirates. We will greatly appreciate your assistance in evaluating his / her application by completing this verification form.

Recorded Name of Graduate _____

Name of School/ College _____
Address of School/ College _____
_____
School Approved By _____

Date Student Entered ____/____/_____ **Date Course Completed** ____/____/_____

Length of Course _____ **Date of Diploma** ____/___/_____

Graduating average percentage of total marks _____**%**

Type of Certificate/ Diploma:_____

Qualification entitles graduate to practice as :_____

Please attach an official transcript (record of all subjects taken, including hours of class and weeks of clinical experience) for this applicant. This document must carry the school seal or stamp and signature of the Chief Administrative Officer.

Name: _____
Title: _____
Signature: _____

Date ____/____/____
School Stamp or Seal

This certification is acceptable only if submitted directly from the School / College