MALAYSIA NURSING BOARD
MINISTRY OF HEALTH MALAYSIA
LEVEL 3, BLOCK E1, COMPLEX E, PRECINT 1
FEDERAL GOVERNMENT ADMINISTRATIVE CENTRE
62590 PUTRAJAYA

Tel. : 03-8890 6023
Fax : 03 8883 1329

Name Of Institution:

Serial No :

Date:

Dear applicant,

2. Enclosed are the application forms for you to complete and return to Malaysia Nursing Board with **certified true copies** of the following items: (please √)

(a)	C.V with photograph	☐
(b)	General Education Certificate	☐
(c)	Nursing Training Certificate	☐
(d)	Registration Certificate with own Nursing Board / Council or with other Nursing Board / Council	☐
(e)	Academic Transcript	☐
(f)	Any additional courses or sub-specialization and enclose with transcript	☐
(g)	Teaching Certificate / Teaching Methodology (Nurses Educator)	☐
(h)	Verification of Training (VOT)	☐
(i)	Verification of Registration (VOR)	☐
(j)	Current Practicing License	☐
(k)	Birth Certificate	☐
(l)	International Passport	☐
(m)	Marriage Certificate	☐
(n)	Testimonials from recent employer	☐
(o)	Recent passport size colour photographs (2)	☐

3. If documents are in languages other than in English, it should be translated and certified by Nursing Officer / Registered Medical Practitioner / Advocate and Solicitor / Division 1 Civil Servant or Commissioner of Oath.

We look forward to receiving your application.

Secretary
Malaysia Nursing Board

PLEASE TAKE NOTE OF THE FOLLOWING:

1. Uncertified copy or type written copies of the documents are not acceptable.

2. Any additional or change of your name other than stated in your registration certificate must be supported by Statutory Declaration.

3. **Appendix B: Verification of Training**

   Is to be completed by the Principal Tutor of the training institution and sent **directly** to the Malaysia Nursing Board.

4. **Appendix C and D: Verification of Registration and Letter of Good Standing**

   Is to be completed by the Board / Council of Nursing that applicant was registered with. The board / council shall send the verification and letter of good standing **direct** to the Malaysia Nursing Board

5. Please make sure all the documents are completed and processing fees enclosed before sending

6. **Employment application must through the employer.**

7. **Application with complete documents and fee will be processed.**

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Fax : 03-8883 1329

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Serial No :

APPLICATION FORM FOR TEMPORARY PRACTISING CERTIFICATE BY FOREIGN NURSES

1. Full name of applicant in BLOCK LETTERS .....

.....

2. Identity Card No. / Passport No. .....

3. Nationality .....

4. Place & Date of Birth .....

5. Status: Single / Married / Widow / Widower. If married or widowed, please state maiden name .....

6. (a) Residential address (Permanent) .....

.....

(b) Mailing address (if different) .....

.....

7. Particulars of qualification (state whether general / mental nursing):

(a) Institution of training and address (in full) .....

.....

(b) Date of training (dd/mm/yyyy) from ..... to .....

8. I have attached the following certified photocopies of documents (as √ in checklist) as proof of my qualification and in support to this application.

9. I have attached the processing fee of RM50.00 in * Money Order / Bank Draft in Malaysian Currency which is crossed and made "AC payee" payable to **Secretary, Malaysia Nursing Board.**

(a) Money Order / Bank Draft No. .....

(b) Postal Order / Bank and Date .....

Contact No.: ..... Email: .....

Date: .....

.....
Signature of Applicant

DECLARATION

I, (full name) .....

the above named applicant, hereby declare that the particulars stated and documents attached in this application are true and accurate.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or an offence punishable with imprisonment, whether in itself only or in addition to or in lieu of a fine.

Date: ....

Signature of applicant

CERTIFICATE OF IDENTITY

I, (full name) .....

of (full address) .....

.....

being (professional status) .....

do hereby certify (name of applicant) .....

whose application for registration as a nurse is submitted above is known to me personally and is in fact the person whose name appears on this application.

Date: ....

Official stamp/seal:

Signature

Nurse or Registered Medical Practitioner/ Advocate and Solicitor/ a Government Officer in Managerial and Professional Group (not related and have known the applicant for not less than 2 years).

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.....

.....

.....

.....

Dear Sir/Madam

VERIFICATION OF TRAINING

Attached herewith is the Verification of Training Form for you to forward to the institution of training (College / University) where you were trained.

2. Kindly advise the College / University to return the completed form **direct** to the Secretary of Malaysia Nursing Board at the address as above.

Thank you.

Secretary of Malaysia Nursing Board
Ministry of Health

Name Of Institution:

Serial No :

MALAYSIA NURSING BOARD
VERIFICATION OF TRAINING (APPENDIX B)

Name: ..... Address: .....

.....

Institution of Nursing: .....

Date entry of training: ..... Date of completion training: .....

Date of final examination :.....

Nursing Board/ Council which applicant is currently registered: .....

Theory	Summary of Total Theory Hours
Health Sciences	
- Anatomy & Physiology	
- Biochemistry	
- Microbiology	
- Pharmacology	
- Nutrition	
- Anesthesia	
- Pre & Post-operative Care	
- Epidemiology	
Behavioral Sciences	
- Sociology	
- Psychology	
- Communication	
- Human & Public Relations	
- Caring	
Nursing Sciences	
- Principles & Practice of Nursing	
- Medico-legal Aspects of Nursing	
- Professional Development	
- Community Health Nursing I & II	
- Gerontology	
- Psychiatric Nursing	
- Obstetrics Nursing	
- Communicable Diseases	

Theory	Summary of Total Theory Hours
Nursing Patients With Altered:	
- Respiratory System	
- Haemopoietic System	
- Alimentary System	
- Cardiovascular System	
- Reproductive System	
- Musculoskeletal System	
- Endocrine System	
- Genitourinary System	
- Nervous System	
- Ophtalmological Conditions	
- Otorhinolaryngological Conditions	
- Dermatological Conditions	
- Burns & Scalds	
- Infection & Inflammatory Conditions	
- Fluids & Electrolyte Balance	
- Neoplasm & Tumor	
- Haemorrhage & Shock	
- Paediatrics	
Principles of Management	
Nursing Research	
Emergency & Disaster Management	
Total	

Practicum	Skills Laboratory (Weeks)	Clinical Experience (Weeks)
Nursing		
- Medical		
- Surgical		
- Orthopaedic		
- Paediatric		
- Gynaecology		
- Obstetrics		
- Ophthalmology		
- Ear, Nose, Throat		
- Psychiatric		
- Oncology		
- Urology		
- Accident & Emergency		
- Operation Theatre		
- Communicable Diseases		
- Intensive Care		
- Management		
- Community		
Total		

Semester	Total hours	Theory (Hours)	Clinical Practice (Weeks)	Semester Leave (Weeks)	Sick Leave (Days)	Others (Weeks)
Year 1 Sem 1						
Year 1 Sem 2						
Year 2 Sem 1						
Year 2 Sem 2						
Year 3 Sem 1						
Year 3 Sem 2						
Total						

	Hospital Data			
Name of Hospital				
Total Numbers of Beds				
Average Daily Occupancy				
Average No. Of Registered Nurses				
No. of Tutors				

Signature: .....

Name: .....
(Principal Tutor)

School Seal

Date: .....

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VERIFICATION OF NURSE REGISTRATION / LICENSE TO PRACTICE

Part A: To be completed by the applicant in BLOCK LETTERS.

Name: .....

Address: .....

Institution of Training : .....

Date of Training from: ..... To: .....

Registration No. :..... Registration Date :.. .....

Part B: To be completed by the Nursing Board/ Council and returned to Malaysia Nursing Board at the above address. This verification is ONLY ACCEPTABLE if sent directly from the Nursing Board/ Council to the Malaysia Nursing Board.

I confirm that the Nurse / Midwife named above have correctly recorded the details of her/his registration/ this Registration is / is not currently invalid (please delete as appropriate)

The language of instruction and examination was .....

Type of Registration: ☐ Registered Nurse ☐ Midwife ☐ Enrolled Nurse

Application registration by: ☐ Exam ☐ Endorsement

Initial Registration date in jurisdiction: .....

Has this person's registration / license ever been denied, revoked, suspended or under review?

☐ Yes ☐ No

If yes, has this person's registration / license been reinstated

☐ Yes (date: .....) ☐ No

Is there licensing for practice? ☐ Yes ☐ No

If yes, status of license: ☐ Current ☐ Inactive ☐ Lapsed

Name of Board / Council: .....

Address of Board / Council: .....

Name of Verification Officer: .....

Designation: .....

Date: ..... Signature: .....

MALAYSIA NURSING BOARD

Verification of Post – Basic Experience

POST BASIC COURSES	
Name of Course	**Duration of Course**

POST BASIC CLINICAL EXPERIENCES	
Areas of Clinical Experience	**Duration of Weeks**

.....

Signature of Director Nursing

Date :

Seal :

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DECLARATION OF GOOD STANDING
(APPENDIX D)

The records of Nursing Board / Council :_____

Shows that Mr. / Ms. _____

Is a **registered nurse** with Certificate of Registration No.: _____

issued on _____. There is no record showing that the authority to practice the profession was suspended or revoked for any cause.

This declaration is usual upon request by Malaysia Nursing Board for employment in Malaysia.

Date: _____

_____

Signature Registrar / Secretary
Nursing Board / Council

Official Seal: