Bord Altranais agus
Cnáimhseachais na hÉireann
Nursing and Midwifery
Board of Ireland

REGISTRATION DECLARATION FORM

Applicant Name:

Date of Birth:

Please note:

- NMBI requires a Certificate of Good Standing (CCPS) for all jurisdictions in which you have ever practised or registered as a Nurse or Midwife. If you have not previously provided a CCPS for all jurisdictions as part of your recognition application, you are required to do so for your registration application.
- If you continued to practise since your most recent CCPS was issued, and the CCPS provided is more than 12 months old when you submitted your application for registration, you will need to provide an updated CCPS.
- If you commenced practice in another jurisdiction as a Nurse or Midwife since your most recent CCPS was issued, you will need to provide a CCPS for that jurisdiction.

Please provide a list of the nursing councils/regulators where you are currently or were previously registered as a Nurse or Midwife:

Please provide a list of the countries where you have practised as a Nurse or Midwife:

Please provide the start date and end date for your most recent employment as a Nurse or Midwife, and the country of employment:

Name of employer:

Country:

Your job title:

Start date:

End date:

If you have practised as a Nurse or Midwife since the issue date of the CCPS (certificate of good standing), you will need to complete the following declaration relating to that practice:

Name of Nursing Council / Regulator

I confirm that I am in good standing with the Regulator / Nursing Council, with no pending, new or outstanding complaints made against my licence.

YES ☐ NO ☐

If answered No, please provide details

Enter your name:

Date: