



# NURSING & MIDWIFERY COUNCIL OF NIGERIA

(Established By Decree 89, 1979)

## APPLICATION FOR REGISTRATION

For official use only.

Receipt No \_\_\_\_\_  
Date of Issue \_\_\_\_\_

Staple 3 passports here with your name, school of training, year of qualification written at the back.

Please read through the form carefully before completion.  
Fill in Block Letters.  
Note that any form *NOT* properly filled will be rejected.

NAME:.....

Surname

Maiden Name (Nee)

.....  
First Name

Middle Name

Sex: Female  Male

Marital Status: Single  Married

Date Of Birth: Day ..... Month ..... Year ..... Age.....

State Of Origin: ..... Nationality:.....

Postal/Official Address:.....

Permanent Home Address:.....

### AREA OF REGISTRATION

I hereby request the Council to enter my name in the register maintained.

For:

- |                                   |                          |                                     |                          |
|-----------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. General Nurses                 | <input type="checkbox"/> | 8. Nurse Administrators             | <input type="checkbox"/> |
| 2. Midwives                       | <input type="checkbox"/> | 9. Orthopaedic Nurses               | <input type="checkbox"/> |
| 3. Mental Health Nurses           | <input type="checkbox"/> | 10. Nurse Anaesthetists             | <input type="checkbox"/> |
| 4. Public Health Nurses           | <input type="checkbox"/> | 11. Perioperative Nurses            | <input type="checkbox"/> |
| 5. Public Health Nurses Educators | <input type="checkbox"/> | 12. Ophthalmic Nurses               | <input type="checkbox"/> |
| 6. Nurse Educators                | <input type="checkbox"/> | 13. Accident & Emergency Nurses     | <input type="checkbox"/> |
| 7. Midwife Educators              | <input type="checkbox"/> | 14. Paediatric Nurses               | <input type="checkbox"/> |
|                                   |                          | 15. Any other (Please specify)..... |                          |

Name and Address of Training Institution:.....

Qualification Obtained with Date:.....

### Special Note

Failure to Register within 90 days of qualification attracts penalty of ₦2,000 per individual and ₦10,000.00 per school.

## PREVIOUS PROFESSIONAL EDUCATION AND QUALIFICATIONS

S/No.	Name of Institution	Date of Examination	Qualification Obtained	Registration Number/Date	Licencing Number	Expiry Date
1.						
2.						
3.						
4.						
5.						

(Attach Photocopy of certificate(s) or Notification(s) of Registration with N&MCN to support information supplied above).

## DECLARATION

- I hereby declare that the above information is true and correct.
- I also understand that any false declaration will automatically disqualify me from Registration
- Enclosed is the current registration fee of ₦..... in bank draft payable to *Nursing & Midwifery Council of Nigeria*.

*For Official Use Only*  
*Approval by Registrar of Council*

.....  
Reg. Number.....  
Date of Reg.....  
Signature:.....

Signature of Applicant:.....

Name of Principal/Coordinator.....

Signature:.....

Date:.....

### Requirements for Registration of Post Basic Qualification

- ◆ Identification letter written in the school's letter headed paper, specifying applicant's area of specialization and signed by the principal/coordinator.
- ◆ Original certificate/statement of result for the course for which registration is sought.
- ◆ Three recent passport sized photographs.
- ◆ Photocopy of certificate(s) and statement of result
- ◆ The sum of eight thousand naira (₦8,000.00)
- ◆ Original Transcript

### Registration/Licencing Fees

Basic qualification ₦5,300

Post basic qualification ₦8,000

Penalty for late Registration per school - ₦10,000

Individual - ₦2,000

All fees are payable in Bank Draft to *Nursing & Midwifery Council of Nigeria, Lagos*.