



THE NURSES AND MIDWIVES BOARD – MONTSERRAT
(Nurses and Midwives Ordinance, 1974)

APPLICATION FORM - RE-REGISTRATION /LICENSURE

SECTION A

Surname: ----- **Maiden Name:** -----
(Provide copy of change of name document)

First Name: ----- **Middle Name:** -----

Civil Status: Single: ----- Married: ----- Divorced:----- Widowed: ----- Other: -----

Home Address: -----

Telephone: ----- **Email Address:** -----

Professional Status: -----

ENA: ----- **Registration No** ----- **Date Issued** ----- (d/m/y)

RN: ----- **Registration No** ----- **Date Issued** ----- (d/m/y)

RM: ----- **Registration No** ----- **Date Issued** ----- (d/m/y)

APN: ----- **Registration No** ----- **Date Issued** ----- (d/m/y)

SECTION B

CONTINUING EDUCATION (CE) / CONTINUING PRACTICE (CP): Provide proof of CE/CP activities undertaken in compliance with Re-registration requirements.

Total CE applicable to Nursing, Midwifery or Health: -----

Total contact hours of CP applicable to Nursing or Midwifery: -----
(When not in active practice)

Submission date of application form ----- Re-registration fee paid \$

Applicant's signature: -----

Name of Witness: ----- Signature:

Name: ----- Signature -----

(Secretary /Registrar)