



NURSING AND MIDWIFERY COUNCIL OF CYPRUS

This document contains sensitive information and is by the provisions of the legislation for the protection of natural persons against the processing and circulation of personal data.

NURSING AND MIDWIFERY LAWS 214/1988 TO 163 (I) 2020 AND REGULATIONS PURSUANT TO ARTICLE 22

APPLICATION FOR REGISTRATION IN THE REGISTRY OF MIDWIFERY (Article 4(1) (b)) AND ISSUANCE OF LICENCE TO PRACTICE

Please to be completed by ALL applicants –

To complete the application, see the attached instructions (pp.5-8)

1. PERSONAL DETAILS (To be completed in capital letters)

NAME:

LAST NAME:

FAMILY NAME:

CITIZENSHIP:

ID NUMBER:

PASSPORT NUMBER:
(for foreigners)

DATE OF BIRTH:
(day/month/ year)

GENDER
(Please mark with an X)

MALE

FEMALE

In the case of a third country national: please fill in below the name of the country accordingly:

A) Citizen's spouse (country name)

B) Citizen's child (country name)

2. POSTAL ADDRESS TO WHICH THE COUNCIL WILL BE ADDRESSED

(Please fill in all the details)

Full name:

Address: Street No.

Municipality/City:

Postcode: City: Country:

PO Box:

Landline: Mobile:

Fax:

E-mail:@.....

3. APPLICATION SUBMITTED FOR: (mark with a ✓)

A	REGISTRATION IN THE REGISTRY	Midwifery	
B	ISSUANCE OF LICENCE TO PRACTICE	Midwifery	

4. PROFESSIONAL TRAINING – To be completed only in case of applying for registration in the registry

MIDWIFERY EDUCATION - BASIC AND HIGHER EDUCATION

FROM Month/ year	UNTIL Month/ year	EDUCATIONAL INSTITUTION	DIPLOMA/DEGREE/ CERTIFICATE/OTHER

FULL POSTAL ADDRESS OF THE REFERRED EDUCATIONAL INSTITUTION WHERE THE MIDWIFERY QUALIFICATION WAS OBTAINED (**Essential**)

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With this application I deposit the amount of 35.00 EUROS and attach the relevant bank receipt to Bank Account No. 3570 0590 2997

FOR ALL APPLICANTS

- i.** I declare that the above information is duly completed and correct.
- ii.** I undertake, with my registration and licence to practice in the Registry, to commit myself and comply in every respect with all the provisions of the laws and regulations in force in the Republic of Cyprus (www.moh.gov.cy).
- iii.** I also undertake to inform the Registrar of the Cyprus Nursing and Midwifery Council of any change of address and/or acquisition of new qualifications.
- iv.** I declare that I have read the information form and that I have been informed that the NMC may request or provide information to the Competent Authority of another Member State concerning me, using the electronic system for internal market information

PHOTOGRAPH



APPLICANT SIGNATURE:

DATE:

FOR OFFICIAL USE

Receival Date:

Recipient's Full Name:

Recipient's Signature:

Receival Method: Post / By hand / Courier

The application form is completed: YES / NO

If not – remaining required documents:

1

2

3

4

Actions to notify applicant for required documents

Receipt of application (please give to the applicant upon submission of a fully completed application)

Recipient's Full Name:

Recipient's Signature:

Date of receiving the application:



CYPRUS NURSING AND MIDWIFERY COUNCIL

The Nursing and Midwifery Laws 214/1988 – 163 (I) 2020
and Regulations Pursuant to Article 22

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM REGISTRATION IN THE REGISTRY OF MIDWIFERY

Please read carefully the content of the application form and follow the instructions as listed below.

According to article 7 of the Nursing and Midwifery Laws 1988 - 2020, in order to practice midwifery in the Republic of Cyprus, it is mandatory to be registered in the registry of nurses and to obtain a valid Licence to Practice.

The application must be properly completed in order for it to proceed for assessment by the Cyprus Nursing and Midwifery Council. The decision of the Nursing and Midwifery Council is sent to you **in-written-form** within a period that will not exceed 3 months from the date of receiving the completed application.

If the application is not fully completed, it remains pending until all required documents are submitted. After you have been informed of any remaining required documents, in the event that you do not submit them within 6 months, the process of your application is terminated and you must apply again with a fully completed application and a new payment of the corresponding fee.

For any questions or clarifications regarding the completion of the application form, you can contact the office of the Registrar of the Nursing and Midwifery Council, at the Ministry of Health, at the following telephone numbers: +35722605455, +35722605477, or through Fax +35722605789 or by e-mail address at: registrar_cynmc@moh.gov.cy.

It is noted that this application and the instructions are available on the website of the Ministry of Health at www.moh.gov.cy (forms) in Greek and English. Application sent electronically or via Fax will not be accepted.

The completed application form for registration can be hand-delivered to the ground floor of the Ministry of Health or sent by post (preferably by registered mail) with the following details:

Maria Evangelou
Registrar of Nursing and Midwifery Council
Ministry of Health
1 Prodromou and 17 Chilonos Street
1448, Nicosia
Cyprus

A. NECESSARY INFORMATION AND DETAILS FOR REGISTRATION IN THE REGISTRY OF MIDWIVES / ISSUANCE LICENCE TO PRACTICE, FOR ALL APPLICANTS

- i.** Properly and fully completed application for Registration / Licence to Practice.
- ii.** True copies of the following: (true copy from the issuing authority of the document, with an "apostille" from the Ministry of Justice or with a Diplomatic Seal from the Ministry of Foreign Affairs). **Originals Documents are not accepted.**
 - a) Degree/Diploma/Certificate in Midwifery education.
 - b) Certificate of registration and Licence to Practice in Midwifery, in effect according to the legislation of the applicant's country of origin.
 - c) Certificate of the Applicant's Current Professional Status from the Competent Authority of the country of origin of the Diploma/Degree. This certificate must include information such as a description of the professional qualification, whether the qualification complies with the European Directive, whether there is a restriction on the exercise of the profession, as well as a reference to the professional conduct of the applicant.
- iii.** Certificate of documented professional practice and recommendation letter from the last employer. The documentation of the exercise must be accompanied by a document for payment of a proportional amount to the Social Insurance Services.
- iv.** Two identical, recent passport size and type photographs (see instructions)
- v.** Copy of Passport – page clearly showing the applicant's photo and details that is in effect or a valid National Identity Card.
- vi.** Original Certificate of Clear Criminal Record (from the Competent Authority with stamp and handwritten signature of the Competent Officer) that has been issued in the last 3 months and is valid when the application is submitted. In the event that the applicant resides in Cyprus for more than 6 months, the Criminal Record certificate must be issued by the Cyprus Police.

Please note that you must provide certified photocopies of the original documents requested and translated into Greek or English by the competent authority of your country or in Cyprus to the Registry of Sworn Translators located at the following website: <https://www.pio.gov.cy/μητροο-μεταφρασεων.html>

- vii.** Based on subsection (1) and (2) of article 10 of the Laws on Nursing and Midwifery 1988 - 2020, basic knowledge of the Greek language is necessary to practice midwifery anywhere in the Republic. For this purpose, the Nursing and Midwifery Council conducts personal interviews to determine the level of knowledge of the Greek language after the registration in the registry of nurses, only for the purpose of issuing a Licence to Practice.

B. ADDITIONAL DETAILS FOR NON-EU CITIZENS

1. Work Permit from the Department of Labor of the Ministry of Labor and Social Insurance of the Republic of Cyprus.
 2. Residence permit in Cyprus from the Department of Immigration.
 3. Certified copy of Secondary Education Certificate or Certificate of 10 years of completed General School Education.
 4. A true copy of an analytical educational program of midwifery, theoretical education and practical training in hours per specialty or in European Credit Transfer and Accumulation System (ECTS)
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C. You are informed that in the context of the implementation of Directives 2005/36/EC / 2013/55/EC and 2006/123/EC and the harmonizing legislation Law 31 (I) 2008 and Law 76 (I) 2010, respectively, the Council, for purposes simplification of the procedures and the administrative cooperation required for the consideration of a registration of an applicant's request with country of origin a member-state, may, through the Electronic Information System for the internal market IMI, request and obtain information concerning the applicant from the Competent Authority of another Member State, in which the applicant has declared that they are registered members.

Also in a case where a person who is registered in the Registry maintained by the Council, submits a request for registration in the Registry of the Competent Authority of another member state of the European Union or the European Free Trade Area, the Council, for the purposes of simplifying the procedures and the administrative cooperation required for the consideration of evaluating a registration application, if requested, may, through the IMI system, communicate to the Competent Authority of the host Member State, inquire information concerning the applicant related to the subject of their registration application.

Based on article 30 of Law 76 (I)/2010, the Council can inform the competent authorities of other member states of any service activity that could cause significant damage to the health or safety of persons or the environment, through the "mechanism warning" provided by the IMI system.

IMI System Coordinators may also act as Competent Authorities and as such may send or receive requests for information.

For more information about the operation of IMI you can visit the website <http://ec.europa.eu/imi-net> or connect through the website of the Ministry of Trade, Industry and Tourism: <https://meci.gov.cy/en/>

3. The payment of the fees will be made to Bank of Cyprus Public Company Ltd by remittance to a third party in the account according to the table below and after selecting the required box.

The IBAN that will be used for account identification purposes when transactions are made from abroad is CY43002001950000 + account number. The SWIFT address (BIC Code) of Bank of Cyprus Public Company Ltd is BCYPCY2N.

* It is noted that the payment of the amount of €35 and as indicated in the table below, is for the submission of the application form. For the issuance of the registration certificate and Licence to Practice, if the application is approved, a relevant informative letter will be sent to the applicant in order to proceed to the payment of the amount of €35 to an account with another number.

Payment of fees will be made to Bank of Cyprus Public Company Ltd by transfer to a Third Party after selecting the corresponding account:

TYPE OF SERVICE	Account No.	Fees	IBAN number for deposits outside Cyprus
Application for Registration in the Nurses' Registry or the Midwives' Registry	357005-902-997	€35	CY31 0020 0195 0000+
Application for <i>re-evaluation of registration</i> on the Registry of Nurses or the Registry of Midwives	357005-903-896	€35	CY08 0020 0195 0000+

DETAILS / DESCRIPTION ON YOUR DEPOSIT RECEIPT:

- 1) Applicant's ID number**
- 2) Full name**

TYPE OF SERVICE	Account No.	Fees	IBAN number for deposits outside Cyprus
Issuance of certificates for registration and Licence to Practice	357005-904-167	€35	CY63 0020 0195 0000+
Renewal of Licence to Practice	357004-711-330	€40	CY43 0020 0195 0000+
Re-issuance of Mislaid Certificates	357005-904-310	€40	CY82 0020 0195 0000+
Issuance of Certificates of Current Professional Status or completion of attached forms for registration in other countries	357005-904-426	€40	CY54 0020 0195 0000+

DETAILS / DESCRIPTION ON YOUR DEPOSIT FORM:

- 1) REGISTRATION Number AND Identity Card Number of the applicant**
- 2) Full name**

During the process of registration in the Registry and issuance of Licence to Practice as well as data storage, the provisions of the Protection of Natural Persons against the processing of Personal Data and the Free Circulation of such Data Law of 2018, Law 125 (I) 2018.

CHECK LIST

Please DOUBLE CHECK that you have attached all requested documents. In case of missing documents, your application will be delayed in being forwarded to the Nursing and Midwifery Council.

No	DOCUMENT	CONRFIRM WITH \checkmark
1	Completed application form	
2	Certified copy of the Midwifery Certificate / Diploma / Degree	
3	Original Certificate of Criminal Record	
4	Copy of either Passport or Identity Card	
5	Two passport size photos	
6	Registration from the country of education	
7	Evidence of clinical practice – letter of recommendation from last employer and payroll documentation.	
8	MEU1 form	
9	Certificate of Current Professional Status	
10	Proof of fee deposit	
Extra documents required from NON-EU Citizens		
1	Work permit for the Republic of Cyprus	
2	Residence permit in the Republic of Cyprus	
3	Secondary Education Diploma / Transcript	
4	Analytical status of midwifery education which would clearly show the hours or units by subject in practice as well as in theory.	



For people coming to Cyprus for work, from another EU Member State.