



NURSING AND MIDWIFERY COUNCIL OF CYPRUS

1 Prodromou and 17 Chilonos, 1448 Nicosia, Cyprus Tel: +357 22605455, Fax: +35722605789
Email: cyprusnmc@moh.gov.cy, nmccyprus@gmail.com - Website: <http://www.moh.gov.cy>

President of
Nursing and Midwifery Council of Cyprus

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

REQUEST TO THE NURSING AND MIDWIFERY COUNCIL OF CYPRUS FOR THE ISSUANCE OF A CERTIFICATE OF CURRENT PROFESSIONAL STATUS (CCPS)

I request for the issuance of a Certificate of Current Professional Status for my Registration in the General Nursing / Midwifery / Psychiatric Nursing Registry (*delete as applicable*).

PERSONAL DETAILS: (CAPITALS)

IN GREEK CHARACTERS AS LISTED ON THE IDENTITY CARD

SURNAME:

GIVEN NAME(S):

IN LATIN CHARACTERS AS LISTED ON THE IDENTITY CARD

SURNAME:

GIVEN NAME(S):

IDENTITY CARD NUMBER (ID) OR PASSPORT:

ADDRESS DETAILS:

STREET: NUMBER: APARTMENT:

PROVINCE / DISTRICT: ZIP: CITY:

TELEPHONE NO.: (LANDLINE) (MOBILE)

EMAIL ADDRESS: @

*** I know that the following information will be included in the certificate:** Name, Gender, Date of Birth, Nationality, Residential Address, Registration Number and Status of my Registration in the respective Registry that I am applying for the issuance of CCPS **and I give my consent.**

*** I know that this certificate is only valid for a six (6) month period.**

*** I hereby declare that all information contained in this form is true and accurate. I confirm the authenticity of the certificates and certified copies and that I am their primary owner.**

Applicant's Signature:

Date: / / 2023

CHECKLIST

Please CHECK that you have attached all the requested documents for the issuance of the Certificate of Current Professional Status (CCPS). In case of pending documents, your application will be delayed until it is completed.

No	DOCUMENTS	CONFIRM WITH ✓
1	Completed application form	
2	Original Certificate of Police Record (validity <u>within six (6) months</u>)	
3	A Copy of the Certificate of Registration in the Registry of General Nursing / Midwifery / Psychiatric Nursing (<u>delete as applicable</u>)	
4	A Copy of the Licence to Practice in the Registry of General Nursing / Midwifery / Psychiatric Nursing (<u>delete as applicable</u>)	
5	Original Certificate from the last employer in Cyprus stating the duration of employment	
6	Analytical Statement from the Social Insurance Services	
7	Receipt for the fee of issuance	
<p><u>Name and Address of the Competent Authority to which the Certificate will be sent by the Cyprus Nursing and Midwifery Council:</u></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		