## THE GENERAL NURSING COUNCIL OF BELIZE FORM 2 THE NURSES REGISTRATION ORDINANCE, CHAPTER 253 OF THE CONSOLIDATE LAWS OF BELIZE, 2000

]	Full Name			
(	Country of Birth:	Date of Birth:	//	
]	Permanent Postal address:			
]	Marital Status (Please tick)			
ĺ	$\Box$ Single $\Box$ Married	□ Divorced	□ Other	
]	Personal Contact Information: Phone Number: Fax No E-mail address: Name of University/College/School where qualification (s) were obtained			
]				
]				
-				
	Date of Graduation//			
	Qualification Awarded (Please tick)	_	_	
l	☐ Certificate  ☐ Diploma	□ Degree	□Other	
]	Name and contact information of University/College/School attended			
]	Phone Number:	Fax No	Fax No	
]	E-mail address:			
I forward herewith the Application Fee of \$150.00Bz and I promise in the event of my being registered and in consideration thereof to be bound by and to confirm in all respect to the Rules for the time being in force.				
	Signature of Applicant	Sig	nature of Witness	
	Date://	Ado	dress of Witness	
Plea	se note the following are to be submit	ted with application	form:	
2	<ol> <li>Proof of citizenship (birth certificate).</li> <li>Valid identification document (Passport or Social Security Card)</li> <li>Notarized and authenticated original degree, diploma or certificate. The final authentication must be that of the Embassy of Belize or British High Commission of that country.</li> <li>Official <i>untampered</i> transcript mailed directly to the Nurses and Midwives Council at P.O. Box 933, Belize City, Belize.</li> <li>Official translation to English if documents are in any other language.</li> </ol>			
5	<ol> <li>Proof that applicant is able to read and write English.</li> <li>Non-refundable Application Registration Fee of \$150.00Bze made payable in cheque or cash deposit to the Nurses and Midwives Council account.</li> <li>Be prepared to provide any other information or record as requested by the Registrar of the Nurses and Midwives Council from time to time.</li> </ol>			