

General Nursing Council for St. Vincent & the Grenadines

P.O. Box 1175, Kingstown, St. Vincent & the Grenadines

Phone/Fax: 784-457-0270

Email: svggnc@vincysurf.com

REVIEW OF APPLICATION

NAME: _____

DATE: _____

	Yes	No
[] Letter of application / Application Form _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Recent passport picture _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Original copy of birth certificate _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Original copy of transcript of training (to be submitted directly from training institution) _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Copies of professional certificates _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Curriculum Vitae _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Recent reference from immediate previous employee or training institution. _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Evidence of initial registration/enrolment (to be submitted directly From Registering body) _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Evidence of current registration/enrolment (to be submitted directly From Registering body) _____	<input type="checkbox"/>	<input type="checkbox"/>
[] Registration/enrolment/process fee of US\$100/EC\$270.00 _____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

APPLICATIN APPROVED:

<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS: _____

REVIEWING COMMITTEE: _____
