



لهبائكا جور وراوت باكي بروني

NURSING BOARD FOR BRUNEI

"Protecting the Health and Well Being of the Public"

ASSESSMENT OF REGISTRATION ELIGIBILITY (ARE) FORM

Name:		Age:	
I/C or Passport no:		Gender:	M / F
Date of Birth:		Nationality:	
For the purpose of employment in :			

NURSING BOARD FOR BRUNEI PROVISIONAL DECISION:

Eligible for Registration :	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PENDING <input type="checkbox"/>
Eligible to be registered as :	Registered Nurse (RN) <input type="checkbox"/>	Registered Midwife (RM) <input type="checkbox"/>	Registered Assistant Nurse (RAN) <input type="checkbox"/>
Assessed by:		Verified by: (optional)	
Comments :			
Signature:		Signature:	
Date:		Date:	

ARE CHECKLIST OF SUPPORTING DOCUMENTS:

NO	MANDATORY CRITERIA	YES	NO	N/A	REMARKS
1	Curriculum Vitae (CV): Declared, signed and dated.				
2	Nursing /Midwifery Academic Qualification: A) _____ Date : _____ to _____ Duration: _____ yr _____ mth Institution: _____ _____				
	B) _____ Date : _____ to _____ Duration: _____ yr _____ mth Institution: _____ _____				
	C) _____ Date : _____ to _____ Duration: _____ yr _____ mth Institution: _____ _____				
3	Academic Certificate (pre-registration qualification) (certified true copy)				
4	Academic Record Transcript (a certified true copy)				
5	Valid Registration from the Country of Origin of previous practice / Country of Education Provider for Pre-Registration programme (outside Brunei Darussalam) (certified true copy)				Expiry Date: Verified online: Y / N Comments:
6	Current Practising Certificate / License from the Country of Origin (outside Brunei Darussalam) (certified true copy)				Expiry Date: Verified online: Y / N Comments:
7	Recognition and Accreditation of : Education Institution - Y / N Nursing/Midwifery Programme - Y / N				

NO	OPTIONAL CRITERIA	YES	NO	N/A	REMARKS
1	Letter of Good Standing from the Nursing Regulatory Authority (NRA) for foreign/expatriate nurse				
2	Practical experience 3 continuous years prior ARE (for foreign/expatriate nurse only)				
3	Evidence of satisfactory Continuing Professional Development (CPD) / Continuing Nursing Education (CNE)				
4	Employer's Testimonial				
5	<p>Working experience: Area of practice and duration</p> <p>1)</p> <p>2)</p> <p>3)</p> <p>4)</p>				<p>COMMENTS:</p>