Boards Management Office								
NBB REGISTRATION NO.								





FORM-B							
Application for Renewal of							
Practising Certificate (PC)							
YEAR							

	forBrunei  NURSING BOARD FOR BRUNEI							
O Read and complete all qu O Ensure that all pages and O Use a blue pen only. O Print clearly in BLOCK LET  O Blace V in all applicable by	Privacy and Confidentiality  The Nursing Board for Brunei (NBB) and Boards Management Office (BMO) are committed to protecting personal information as private and							
O Place X in all applicable boxes: ☑ confidential.  SECTION A: Personal details								
Title: MR  MRS  MISS	MS DR Others:							
Full name:								
Date of Birth: DD - MM - YYYY Country of Birth:								
Age: rear Gender: Male remale Nationality:								
Brunei I/C No: Colour: Yellow ☐ Purple ☐ Green ☐								
Passport No:	of Issue:							
Marital Status: Single  Married  Divorced  Widowed								
Race:	Religion:							
SECTION B: Contact information								
What are your contact details?	Provide your current contact details below and place an 🗷 next to yo	our preferred contact phone number						
	Mobile Offi  Home Othe  Email							
What is your residential address? Residential address cannot be a PO Box.								
		Post Code						
What is your mailing address? f different from residential address								
	•	Post Code						

What is your current practice?	place of	Organisation/Institution:							
The address at which yo		Hospital:							
predominantly practice and it <b>cannot</b> be a PO B		Department:							
Type of Practice:		Area of Practice:							
Government		Telephone	F	acsimile					
Private									
		Date of Commencement of Current Practice (If applicable)							
	•	ession (ADDITIONAL ONLY IF ANY)							
What are the details qualifications and ex	•	Nursing/Midwifery qualification and	l examination/assessments	(Cert./Dip./Firs	st Degree, etc.)				
assessments to be ad		Title of qualification							
Register?									
Documents included:		Name of institution (University/College/Examining body)							
bocuments included.									
Yes		Country							
No									
		Date	M - Y Y Y Y Com	npletion e	D - M M -	YYYY			
SECTION D: Declaration	on and Signature	e of Applicant							
Have you ever	been or are you c	urrently the subject of an inquiry or a	an investigation by any licens	sing					
1 authority in Br malpractice or									
	suffered or are yo egistered Nurse /	ou suffering from any physical or men Assistant Nurse?	tal illness which impairs you	ır fitness to	YES	NO 🔲			
•	-	Brunei Darussalam or elsewhere of a	any offence?		YES	NO 🔲			
<ul> <li>✓ I acknowledge tha fit if any of the abo</li> <li>✓ I am also aware th of Nurses Registra</li> <li>✓ I hereby also author</li> </ul>	t the Nursing Boar ove information or at it is a <b>criminal c</b> tion Act, Cap 140, orize the NBB and	my knowledge and belief the informated for Brunei (NBB) reserves all rights to documents tendered is found subserfence to make any false statements punishable with a fine of BND 6,000. Boards Management Office (BMO) to their official duties under current legated.	to withhold and/or terminat quently to be false. , to provide any false inform 00 and imprisonment for tw o release any information a	e my registration nation and or do velve (12) montl	on and/or take any ocument(s) to NBB hs.	action it deems under Section 9			
Signature of applica			Date:	D D -	M M - Y	Y Y Y			
SECTION E: FOR OFFICE USE ONLY									
Payment for renewal	of Practising Certif	ficate							
Amount:	B\$25.00	Receipt No.:	Date:	D [	) - M M -	Y Y Y Y			
Fee for late renewal of Practising Certificate									
Amount:		Receipt No.:	Date:	D D	) - M M -	YYYY			
Overdue by:		Renewal approved	Renewal re	jected:					
Comments:									
Received by:									
Signature				D D -	M M - Y	Y Y Y			