



**CYPRUS NURSING AND MIDWIFERY COUNCIL**

**Nursing and Midwifery Laws 214/1988 to I(1)2012**

**Regulations according to Article 22**

**APPLICATION FOR REGISTRATION IN THE REGISTER OF NURSING –  
PSYCHIATRIC NURSING (Article 4(1)(a)(ii) AND LICENCE TO PRACTICE  
PSYCHIATRIC NURSING**

**(For the completion of this form please refer to the instructions)**

**To be completed by all applicants:**

**1. PERSONAL DETAILS (Please use capital letters)**

NAME:

SURNAME:

MAIDEN NAME:

NATIONALITY:

IDENTITY CARD NUMBER:

PASSPORT NUMBER:

DATE OF BIRTH:   
(dd/mm/year)

GENDER MALE  FEMALE   
(Please mark with an ✓)

**2. POSTAL ADDRESS WHICH THE COUNCIL WILL USE FOR CONTACT PURPOSES**

(Completion of all fields is necessary)

Name and Surname: .....

Address: .....

Municipality / Village: .....

Postal code: ..... Town: ..... Country: .....

P.O Box .....

Telephone: Home: ..... Work: ..... Mobile: .....

Fax number: .....

Electronic address: .....

3. Submission of application for: (please mark with √ as appropriate)

3(a) Registration in the Register of Nurses	Part II. Psychiatric Nursing	
3(b) License to Practice	Psychiatric Nursing	

**4. PROFESSIONAL EDUCATION – to be completed by persons applying for registration.**

**A. NURSING EDUCATION – BASIC AND POST BASIC EDUCATION**

FROM month/ year	TO month/year	NAME OF EDUCATIONAL INSTITUTION	ACQUIRED QUALIFICATION (CERTIFICATE/DIPLOMA/DEGREE/ OTHER)

FULL CONTACT DETAILS OF ABOVE EDUCATIONAL INSTITUTION (This field must be completed)

.....

.....

.....

<p>With this application I have deposited the sum of 35€ and I attach the bank receipt</p> <p><input type="checkbox"/></p>
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**FOR ALL APPLICANTS**

1. I declare that the above form has been appropriately completed and that all details provided are correct.
2. With my registration I acknowledge that I will be bound by the current laws and regulations of the Republic of Cyprus (www.moh.gov.cy).
3. I also undertake the responsibility to inform the Registrar of the Nursing and Midwifery Council concerning changes of address or the acquisition of new qualifications.
4. I declare that I have been informed that the Cyprus Nursing and Midwifery Council maintains the right to request and provide information which concerns my qualifications or the right to practice in my country using the Internal Market Information System (IMI).

**PHOTOGRAPH**



**APPLICANT'S SIGNATURE:** .....

**DATE:** .....

**FOR OFFICIAL USE**

Date received: .....

Name of recipient: .....

Recipient's signature: .....

Received by: Post / By hand

Is the application fully completed:                      Yes / No

If application is not complete which documents are pending:

1 .....

2 .....

3 .....

4 .....

Actions taken to inform applicant about pending documents

Receipt of delivery (This is to be given to the applicant on receipt of completed application)

Name and Surname of recipient: .....

Date of application: .....



**CYPRUS NURSING AND MIDWIFERY**  
**Nursing and Midwifery Laws 214/1988 – I(1)2012**

**INSTRUCTIONS FOR THE CORRECT COMPLETION OF THE APPLICATION FORM FOR  
REGISTRATION IN THE REGISTER OF NURSES - PSYCHIATRIC NURSING**

In Accordance with paragraph (a) of subparagraph (1) of Article 7 of the Nursing and Midwifery Laws 1988 – 2012 no person may practice nursing in the Republic of Cyprus unless he / she is registered in the relative part of the Register and is a holder of a valid license to practice the profession.

Please read the content of the application form carefully and follow the instructions as listed below:

The application form must be appropriately completed in order to be processed and evaluated by the Cyprus Nursing and Midwifery Council. The decision of the Nursing and Midwifery Council will be forwarded to you by post within a period of time which will not exceed three months from the receipt of a completed application. **In the event that the application is incorrectly completed or there are missing documents it will remain pending until all the necessary information is provided.** In the event that there is any pending information, if this is not provided within a period of six months then the process of application will be deemed null. A new, completed application will have to be resubmitted and application fees will be deposited again.

For any queries or clarifications concerning the completion of the application form, please contact the Registrar of the Nursing and Midwifery Council at the Ministry of Health on the phone number +35722605477, +35722605400 Fax +35722605789 , +35722772246 or at the electronic address [smichael@moh.gov.cy](mailto:smichael@moh.gov.cy).

The application form along with the instructions can be found on the official website of the Ministry of Health at [www.moh.gov.cy](http://www.moh.gov.cy) (FORMS) and is available in both the Greek and English Languages. Applications sent by electronic mail or by fax will not be accepted.

The completed application can be sent to the following postal address (preferably by registered mail):

Registrar Nursing and Midwifery Council  
Ministry of Health  
Prodromou Street No.1  
1095 Nicosia  
Cyprus

**1.A. NECESSARY INFORMATION FOR ALL APPLICANTS FOR REGISTRATION IN THE  
NURSING REGISTER – PSYCHIATRIC NURSING / LICENSE TO PRACTICE THE  
PROFESSION OF PSYCHIATRIC NURSING**

1. Appropriately completed application form for the Nursing Register – Psychiatric Nursing.
2. Certified copies of the following:
  - a. Certificate/ Diploma /Degree in Psychiatric Nursing and a valid certificate of registration according to the Nursing and Midwifery Laws of the country of origin of the applicant.
  - b. Certificate of registration and practice of psychiatric nursing according to the existing Nursing and Midwifery Laws of the country of origin of the applicant.
  - c. Certificate of Current Professional Practice of the applicant issued by the competent authority of the country of origin which should clearly state the official professional title of the applicant and whether the title complies with the European Directive 2005/36/EC and

- if there are any limitations on the applicants practice as well as the professional character of the applicant.
- d. Certified copy of the transcript of the educational programme of psychiatric nursing – theoretical input and practice by specialization must be presented in hours and not credits.
  - e. If a registration in General Nursing was a prerequisite for the completion of psychiatric nursing programme, the certificate of registration in the Nursing Register-General Nursing should be enclosed.
3. A certification of professional practice since qualification and a reference letter from the last employer must be enclosed.
  4. Two identical, recent passport sized photographs.
  5. Photocopy of the page of the applicants passport clearly showing personal details and photograph OR an Identity Card.
  6. A certificate of Free Criminal Record issued by the police dated within three months of the date of application. Please note that in that case where the applicant has been residing in Republic Cyprus for a period of six months or more, the Criminal Record must be issued by the Cyprus Police.
  7. Please note that all documents submitted to the Council must be true certified copies of the original documents, which if necessary should be translated into the Greek or English language by the competent authority of your country OR by the Press and Information Office of the Republic of Cyprus which is located at Apelli Street No. 1, 1456 Nicosia, Cyprus, telephone number.: +35722801130, fax number: +35722666123, E-mail: [translations@pio.moi.gov.cy](mailto:translations@pio.moi.gov.cy).
  8. As stipulated by paragraph (1) and (2) of Article 10 of the Nursing and Midwifery Laws 1988 -2012 in order to practice nursing in the Republic of Cyprus it is necessary to possess an elementary level of knowledge of the Greek language. In order to assess this, the Nursing and Midwifery Council conducts personal interviews by which it establishes the level of knowledge of the Greek language.

#### **1.B. ADDITIONAL INFORMATION REQUIRED FROM APPLICANTS FROM NON E.U COUNTRIES**

1. Work permit from the Department of Labour of the Ministry of Labour and Social Insurance.
2. A true certified copy of a school leaving certificate or a certificate of general school education of a ten year duration.
3. A true certified copy of a transcript of an educational programme of psychiatric nursing which clearly defines the hours (NOT credits) of theory and practice per specialization.

2. It is brought to your attention that within the framework of the application of the European Directives 2005/36/EC and 2006/123/EC and the relevant harmonised national laws 31(I)2008 and 76(I)2010, the Council reserves the right, in order to simplify its procedures and administrative collaborations required for the examination of applications for registration, with the use of the Internal Market Information System (I.M.I), to request and receive information concerning the applicant from the competent authority of the member state in which the applicant has stated that he/she is registered.

Furthermore, in the event that a person is registered in a register maintained by the Council, submits an application for registration in a register of another member state belonging to the European Union or European Free Trade Association, the Council, in order to simplify its procedures and administrative collaborations required for the examination of the application for registration of a member, if it is requested, via the IML system, may notify the competent authority

of the host member state, information concerning the applicant relevant to the content of the application for registration.

According to the article of the Law 76(I)2010 the Council may notify competent authorities of other member states about every activity of provision of service which could potentially cause harm to the health and safety of persons or the environment, utilising the "Alert System" provided by the IMI.

The coordinators of the IMI system act as competent authorities and as such may send and receive requests for information.

Further details concerning the Internal Market Information System (I.M.I) may be found on the following website: [http://ec.europa.eu/internal\\_market/imi-net](http://ec.europa.eu/internal_market/imi-net) or via the website of the Ministry of Commerce, Industry and Tourism: <http://www.mcit.gov.cy>

3. A deposit of the fees should be made to a branch of the Bank of Cyprus Public Company Ltd by a transfer to third party to the account number as listed in the table below. The IBAN to be used for recognition of your account when transfers are being made from abroad is CY43002001950000 + account number and the SWIFT Address (BIC CODE) of the Bank of Cyprus Ltd is BCYPCY2N.

Please note that the payment of the sum of €35 as listed below is for the submission of the application. If the application is approved, for which you will be informed by post, for the issue of a Certificate of Registration / License to Practice requires a further payment of €35.

**FEES €:**

**Payment of fees must be made to the Bank of Cyprus Public Company Ltd by a transfer to third party to the appropriate account following your choice of service as listed below:**

TYPE OF SERVICE	ACCOUNT NUMBER	FEES	√/X
Application for registration in the Nursing or Midwifery Register	357005-902-997	€35	<input type="checkbox"/>
Application for <b><i>reassessment of existing application</i></b> for registration in the Nursing or Midwifery Register	357005-903-896	€35	<input type="checkbox"/>

**DETAILS TO BE PROVIDED ON YOUR DEPOSIT SLIP :**

- 1) Identity Card Number of applicant
- 2) Surname and name

TYPE OF SERVICE	ACCOUNT NUMBER	FEES	√/X
Issuance of a certificate of license of professional practice	357005-904-167	€35	<input type="checkbox"/>
Renewal of License to Practice	357004-711-330	€40	<input type="checkbox"/>
Reissuance of lost certificates	357005-904-310	€40	<input type="checkbox"/>
Issuance of Certificate of Current Professional Practice	357005-904-426	€40	<input type="checkbox"/>
<p><b><u>DETAILS TO PROVIDED ON YOUR DEPOSIT SLIP:</u></b>  <b>1) Registration Number and Identity Card Number of applicant</b>  <b>2) Surname and name</b></p>			

M.E CNMC – English application form 6/12/2012