

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

and regulations according to article 22

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 | | 60 - | |
| | 357005-902-997 | €35 | |
| Application for <u>reassessment of existing application</u> for registration in the Nursing or Midwifery Register | | | |
| | 357005-903-896 | €35 | |

DETAILS TO BE PROVIDED ON YOUR DEPOSIT SLIP :

Identity Card Number of applicant
Surname and name

CYPRUS NURSING AND MIDWIFERY COUNCIL, MINISTRY OF HEALTH, TELEPHONE NUMBER 22 605455 FAX NUMBER 22 605789



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

6 December 2012

CYPRUS NURSING AND MIDWIFERY COUNCIL, MINISTRY OF HEALTH, TELEPHONE NUMBER 22 605455 FAX NUMBER 22 605789