



MINISTRY OF HEALTH
OF THE REPUBLIC OF INDONESIA
NATIONAL BOARD FOR THE DEVELOPMENT AND EMPOWERMENT
OF HEALTH HUMAN RESOURCES



JL. HANG JEBAT RAYA F3 KEBAYORAN BARU - JAKARTA SELATAN 12120, TELP. (021) 7224819, 7224940, 7224876 FAX (021) 7224764

Appendix A

APPLICATION FORM INDONESIA NURSE FOR MOH KUWAIT

1. Full name of applicant in BLOCK LETTERS (Underline the Surname)

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2. Identity Card No./Passport No.....

3. Citizenship Status.....

4. Place and Date of Birth.....

5. Status whether single/married/widow/widower

6. If married or widow, state maiden name.....

7. (a) Residential address (Permanent).....

(b) Address for postal communication (if different).....

(c) Place of work at present

8. Particulars of qualification (state whether *general/mental nursing) :

(a) Date of Senior High School (in full) grade 10 to 12 from to

..... Or

(b) Date of **School of Nurse Vocational Training /LPN School** (in full) grade 10 to 12 from

from to

(c) Hospital of training and address (in full)

(d) Date of **Diploma 3 (D3) Nurse Training** (in full) from to

(e) Hospital of training and address (in full).....

(f) Date of **Diploma 3 (D3) Nurse training to BSN training** (in full) fromto

(g) Hospital of training and address (in full).....

(h) Date of **BSN training from High School** (in full) from

(i) Hospital of training and address (in full).....

(j)

9. I attach the following certified Photostat copies of documents as proof of my qualification and in support of this application :
- (a) Nursing Education Certificate ;
 - (b) Verification of Nursing Education
 - (c) Hospital Training Certificate ;
 - (d) Registration Certificate with MOH other Nursing Board/Council
 - (e) Current Practicing License ;
 - (f) Verification of Practicing Certificate
 - (g) Birth Certificate ;
 - (h) High School Certificate
 - (i) International Passport ;
 - (j) Two recent passport size, colored photographs

Date

.....
Signature of Applicant

DECLARATION

I, (full name).....
 the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are documents which relate to me.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or an offence punishable with imprisonment, whether in itself only or in addition to or in lieu of a fine.

Date

.....
Signature of Applicant

CERTIFICATE OF IDENTITY

I, (full name).....**Dr. Asjikin Iman Hidayat, MHA**.....

of (full address).....**Jl. Wijaya Kusuma Raya No. 48 Cilandak, Jakarta Selatan 12430**.....

being (professional status) ..**Director of National Center for the Empowerment of Health Professions and International Workforce Ministry of Health of the Republic of Indonesia**.....

Do hereby certify that (name of applicant).....

whose application for registration as a nurse is submitted above is known to me personally and is in fact the person whose name appears on this application.

Date

Official Chop/Seal:

Dr. Asjikin Iman Hidayat, MHA
NIP. 140 174 584

.....
*Signature of Registered Nurse or
Registered Medical Practitioner or
Advocate and Solicitor or
a Government Officer in the Managerial
and Professional Group*

(not related and have known the
applicant for not less than 2 years)