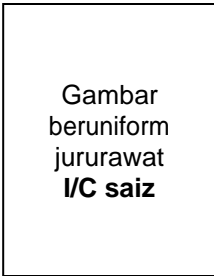


JADUAL KEDUA
PERATURAN-PERATURAN PENDAFTARAN JURURAWAT 1985
(PERATURAN 6)



BORANG A

PERMOHONAN BAGI PENDAFTARAN SEBAGAI

JURURAWAT BERDAFTAR

(Sila guna Pen Hitam)

1. Nama Pemohon dalam **HURUF BESAR** (seperti dalam KP/Tentera/Pasport)
.....
2. *No. KP / Tentera / Pasport: Taraf Kewarganegaraan :
3. Jantina : Tarikh Lahir: Tempat Lahir:
4. Umur : Agama : Bangsa :
5. Taraf Perkahwinan: * Bujang / Berkahwin / Janda / Duda
6. a) Alamat Rumah (Tetap) :
.....
b) No. Telefon Rumah : No. Telefon Bimbit :
- c) Alamat Emel :
7. Butir-butir Kelayakan:
 - a) Tempat Latihan (Nama Kolej) :
 - b) Alamat Lengkap :
.....
 - c) Tarikh Latihan : Dari (dd/mm/yy) hingga (dd/mm/yy)
 Calon Baru Calon Ulangan : *Pertama / Ke-2 / Ke-3
 Calon Peralihan *No. Daftar PJ / JM (wajib tulis)
 - d) Tajaan :
 - e) Tarikh Peperiksaan LJM..... (dd/mm/yy)
** Saya telah menduduki peperiksaan LJM kali ke *Pertama / Ulangan : 1 / 2 / 3
8. Sesalinan dokumen-dokumen **yang telah disahkan** seperti di bawah :
 - a. Surat Beranak
 - b. Kad Pengenalan / Tentera / Pasport bagi warganegara asing.
 - c. Sijil Pelajaran Malaysia / Kelulusan yang setaraf dengannya.
 - d. Sekeping gambar beruniform (tampal diruangan yang disediakan).

*Potong Yang Mana TIDAK Berkenaan.

9. Bayaran Pendaftaran **sebanyak RM25.00** seorang dan dihantar secara kolektif melalui Kolej dengan Kiriman Wang Pos / Bank Draf kepada Setiausaha Lembaga Jururawat Malaysia.

* **Perhatian : Calon hendaklah tuntutan sijil pendaftaran (Perakuan A) melalui kolej masing-masing.**

10. Bagi Warganegara Malaysia yang LULUS Latihan Kejururawatan di Luar Negara, bayaran pendaftaran RM25.00 akan di minta selepas permohonan telah diluluskan oleh Lembaga Jururawat Malaysia. (Kiriman Wang Pos / Bank Draf dalam Mata Wang Malaysia)

PENGAKUAN

Saya (nama pemohon)

dengan ini mengaku bahawa butir-butir yang dinyatakan dalam borang permohonan ini adalah benar dan dokumen-dokumen yang dilampirkan adalah dokumen yang sah bagi diri saya.

Saya tidak pernah melakukan sebarang kesalahan termasuk penipuan, keburukan akhlak atau melibatkan diri dalam kes polis. Sekiranya saya memberi maklumat palsu, saya akan dikenakan tindakan undang-undang.

Tarikh :

.....

(Tandatangan Pemohon)

PERAKUAN PENGENALAN

Saya (nama penuh)

No Kad Pengenalan Baru

Jawatan (taraf profesional)

Adalah dengan memperakui bahawa (nama pemohon)

yang memohon pendaftaran sebagai **JURURAWAT BERDAFTAR** telah mengemukakan dokumen yang sah dan pemohon adalah orang yang sebenarnya dalam permohonan ini.

Tarikh :

.....

.....

(Cop Rasmi)

Tandatangan
Pengetua Kolej / Universiti
Pengamal Perubatan Berdaftar
Peguambela / Peguamcara/
Pegawai Kerajaan dalam Kumpulan
Pengurusan Iktisas



Ministry Of Health Malaysia
NURSING BOARD MALAYSIA
Lobby 3, Blok E7, Parcel E, Precint 1,
Federal Government Administrative Centre,
62590 PUTRAJAYA
MALAYSIA



Tel : 603-8883 3548 / 3583
Faks : 603-8890 4149 / 8883 3644
http : //nursing.moh.gov.my

.....
.....
.....
.....

Dear Sir/Madam

RE : VERIFICATION OF TRAINING

Attached herewith is the Verification of Training Form for you to forward to the College/ School of Nursing / Training Hospital where you were trained.

2. Kindly advise the College / School of Nursing / Training Hospital to return the completed form **DIRECT** to the Secretary, Nursing Board Malaysia, at the address as above.

Thank you.

Secretary Nursing Board Malaysia

Ministry of Health

NURSING BOARD MALAYSIA
VERIFICATION OF TRAINING IN RESPECT OF APPLICATION FOR REGISTRATION

Name : Address :

.....

School Of Nursing :

Date Of Entry to training : General Education (Institution) :

Date of completion of training : Malaysian Certification Of Education :

Date of Passed Nurses Final Examination : Higher Certificate Of Education :

Nursing Board / council which applicant is currently registered:

Theory	Summary of Total Theory Hours	Theory	Summary of Total Theory Hours
Health science		Nursing Patients with altered :	
Anatomy & Physiology		Respiratory System	
Biochemistry		Haemopoietic System	
Microbiology		Alimentary System	
Environmental Health		Cardiovascular system	
Parasitology		Reproductive System	
Epidemiology		Musculoskeletal System	
Pharmacology		Endocrine System	
Nutrition		Genitourinary System	
Anesthesia		Communicable Disease	
Pre & Post operative care		Nervous System	
		Dermatology	
Behavioral Science		Eye	
Psychology		Ear, Nose & Throat	
Sociology		Psychiatric Nursing	
Communication		Obstetric Nursing	
Human & Public Relation		Gerontology Nursing	
Caring		Emergency & Disaster Management	
		Management	
Nursing Science		Health system research	
Principles & Practise of Nursing		Paediatric	
Medico legal Aspects of Nursing		Infection & Inflammantory condition	
Professional Development		Neoplasm & Tumour	
Community Health Nursing		Haemorrhage & Shock	
Civic			
Fluid & Electrolytes Imbalance			
Burn & Scalds			
Infection & Inflammatory Conditions			

PRACTICUM	SKILL LABORATORY (Week)	CLINICAL EXPERIENCES (Week)
NURSING		
Medical		
Surgical		
Orthopaedic		
Paediatric		
Gynaecology		
Obstetrics		
Dermatology		
Eye		
Ear, nose & Throat		
Communicable Diseases		
Psychiatric		
Intensive Care		
Operation Theatre technique		
Accident & Emergency		
Community		
Management		
Oncology		
Urology		
TOTAL		

CONTINUATION OF APPENDIX B -1

Year	Theory (hours)	Supervised Experienced Skill Laboratory (week)	Clinical practice (week)	Vacation Leave (week)	Sick Leave (week)	Others

HOSPITAL DATA	
Total Number of beds	
Average daily occupancy	
Average Number of registered nurses	
Number of tutors	

Name of affiliated hospitals	Total number of beds

Signature :	
Name : (Principal Tutor)	
Date :	
School seal	

CONTINUATION OF APPENDIX B -2

POST BASIC COURSES	
Name of course	Duration of course

POST BASIC CLINICAL EXPERIENCE	
Area of clinical experiences	Durations in week

Signature :	
Name : (Principal Tutor)	
Date :	
School seal	



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 MALAYSIA



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 Faks : 03-8890 4149 / 8883 3644
 http : //nursing.moh.gov.my

VERIFICATION OF NURSE REGISTRATION / LICENSE TO PRACTICE

Part A : To be completed by the applicant in **BLOCK** letter

Name :

Address :

School Of Nursing :

Date of training : From : To :

Registration No : Date Of Registration :

Part B : To be completed by the Nursing Board / Council and return directly to the Nursing Board Malaysia at the above address. Please tick (✓)
 (The verification is accepted only if submitted directly from the nurses registration board / registration council to the Nursing Board Malaysia)

I confirm that the nurse / midwife named above has correctly recorded the details of her registration / this registration is / is not currently valid (please delete as appropriate)

The language of instruction and examination was

Type of registration : Registered Nurse Midwife Enrolled Nurse

Application registration by : Exam Endorsement

Initial registration date in Jurisdiction :

Has this person's registration / license ever been denied, revoked, suspended or under review ? Yes No

Has this person's registration / license been reinstated. If yes, please state the date Yes No

If there licensing for practice ? Yes No

If Yes, status of license Current Inactive Lapsed

Name of Board / Council :

Address of Board / Council :

Name of Officer completing verification :

Title of officer completing verification :

Date :

Signature and official seal :