



**To be verified by the Head of the Unit or its equivalent.**

Name :

Job Title :

Contact Number :

Email :

**CRITERIA:**

**CPD Points Achieved:**

*RN 20 CPD Points*

*RAN 15 CPD Points*

YES

NO

If NO, please specify reason:

**Satisfactory Individual Performance Appraisal or others:**

YES

NO

Grade: \_\_\_\_\_

If NO, please specify reason:

Please specify type for others:

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I confirm that \_\_\_\_\_  
has demonstrated that he/she has complied with all of NBB practising certificate / license renewal requirements as per Standard of Registration.

I agree to be contacted by NBB to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse's renewal application at risk.

<i>Signature</i>
<i>Date</i>

<i>Official Stamp</i>
-----------------------