

NURSING COUNCIL

COMMONWEALTH OF THE BAHAMAS

Virginia and Augusta Streets

Nassau, Bahamas

Post Office Box: N-8506

Telephone Number: 1-242-604-6015 / 1-242-604-6017

Email: info@nursingcouncilbahamas.com

**REQUEST** FOR INFORMATION / DOCUMENTS

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Surname First Middle Maiden name

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Date of Birth Name of Training School

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Date of Graduation Registration No. and Year of Registration

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work

I wish to request:

1. Verification Letter □ (b) Replacement of Registration Certificate □

(c) Verification of Document □ (d) Replacement of Licence □

(e) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applicant Date

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**NURSING COUNCIL**

Fees submitted: □ Yes □ No

Fee per copy: $\_\_\_\_\_\_\_\_\_\_\_ Postage Fee:$\_\_\_\_\_\_\_\_ Total amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Official Use Only**

Actioned: □Yes □No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date