|  |  |
| --- | --- |
| **Full Name** |  |
| Qualifications (Education and Professional) in descending chronological order | |  |  |  | | --- | --- | --- | | Qualification | Education Institution | Year | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Current Professional Registration |  |
| Photo of SNB Practising Certificate (PC) Displaying PC Number & Expiry Date |  |
| Current Designation & Department |  |
| Employment History in descending chronological order   1. Year/Period 2. Employer Name 3. Designation 4. Area of work | |  |  |  |  | | --- | --- | --- | --- | | Year/Period | Employer Name | Designation | Area of Work | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| Current & Valid Professional Associations Membership (e.g., SNA), including the date joining and role. |  |
| Evidence of currency of nursing competencies in one’s scope of practice in the past 2 years, including date/month and year of completion.  For example:   1. Evidence of ongoing professional practice in area of specialty/ expertise including time spent in area of practice/expertise 2. Workshops and conference 3. Competency training 4. Simulation training 5. Webinars 6. In-service trainings 7. Short courses |  |
| Records of Continuing Professional Education (CPE) completed in the last 2 years, including CPE dates. These records should reflect training relevant to the job scope. |  |
| Remarks  (e.g., when are assessors involved in the assessment - classroom, skills lab, or OJT?) |  |