

REQUIRED DOCUMENTS: NURSING

- Application form for the nursing exam (attached below).
- Please also open a file at this link, and upload copies of your documents. Please note that you will also have to submit physical, authenticated copies in order for your application to be processed.
- Original diploma(s) in the original language of all nursing degrees (Associates, BA, MA, PhD.): RN, practical nurse, midwife, Nurse Practitioner.
- Original advanced certifications: Nurse Practitioner, Nurse Specialist, etc.
- University Transcript, divided according to semester/year **WITH course descriptions** and **confirmation of start and end date** of your studies, including **results and hours/credit points of theoretical and practical studies.**
 - To be authenticated OR sent from the issuing body directly to mila.gilutin1@moh.gov.il
 - Please note - The Ministry of Health reserves the right to ask for more details regarding your studies
- Original nursing license.
 - 1 photocopy of an **Israeli ID/ Current Passport** (if you don't have an Israeli ID)
 - Including the address slip and statement of status in Israel (citizen or resident).
 - Photocopy of Teudat Oleh (Immigrant's Certificate)/Returning Resident Certificate (if applicable).

REQUIRED DOCUMENTS - CONTINUED

- University Transcript**, divided according to semester/year **WITH course descriptions and confirmation of start and end date** of your studies, and role at work. As detailed clinically as possible.
 - Must be submitted on official letterhead and signed with a wet signature
 - To be authenticated OR sent from the issuing body directly to mila.gilutin1@moh.gov.il

- Documentation of legal name change, if relevant.**
 - This is required if some of your documentation has one set of first/last name, and the rest has your new name.

Questionnaire for healthcare professionals

This form is used for submission of an application for a license / recognition certificate for medical professions and for updating the applicant's personal information

1. Personal details

Profession _____

Last name _____ First name _____

Name _____

Last name in Latin letters _____

First name in Latin letters _____

Current citizenship 1. _____ 2. _____

Passport number (if no identity card) _____

2. Additional details

Mobile phone number _____

Email address _____

I am interested in receiving text and email messages from the Ministry of Health

Previous last name _____ Previous first name _____

Previous citizenship 1. _____ 2. _____ Nation _____

Sex: M / F Marital status: Single Married Widow/er Divorced

Date of birth ____/____/____ Country of birth _____

3. Education, licensing and specialty

A. Details of studies in the professional field (make sure to fill in the details exactly, **please state the name of the institute in Hebrew and in Latin letters**):

Name of the institute	Country and city	During years	Degree	Date of graduation	Profession	Date of diploma

Name of the institute in Latin letters: _____

B. Licensing:

Licensing profession	License No.	License date	Approving authority	Country	License valid to

C. Recognized residency:

Name of residency	Start Date	Graduation date	Date of receipt of certificate	Approving authority	Country

4. Certificates and documents:

Please attach to the questionnaire **copies** of the original certificates authenticated by a licensed notary. If the original certificates are not written in Hebrew or Arabic, have them translated into Hebrew. The correctness and accuracy of the translation must be approved by a qualified translator who has mastery of Hebrew and the original language.

Name _____ Identity No. _____

List of accessories for concentration of documents

Please check X the documents that are attached to the application:

- 2 passport photographs
- A final diploma from a recognized university or a confirmation from the university of graduation, completion of commitments and eligibility for a diploma in the given profession, to be awarded at a certain time.
- An official confirmation of the start and end date of the studies.
- An evaluation sheet from the study institute.
- Matriculation certificate.
- Overseas work license.
- Official work confirmations from the appropriate medical institutions (in the relevant cases, a work booklet).
- A specialist certificate from overseas (in the relevant cases).
- Undergraduate degree diploma.
- Graduate degree diploma.
- Doctoral degree diploma.
- Marriage certificate / certificate of change of name.
- Other.

Elaborate: _____

If it is not possible to attach any document, attach an explanation letter concerning this.

5. Declaration:

Check X the appropriate place

A. Declaration concerning dangerous diseases:

I declare hereby that I am not suffering and have never suffered from a disease, including a mental disease that may endanger the health of the public under my care, or a disease, including a mental disease or poor fitness, which may prevent my ability to practice _____ completely, temporarily or partially.

___ Correct___ Incorrect

A1. I declare hereby that I have not left or been dismissed from a workplace, and have not been discharged for military service or not enlisted in the first place, due to a disease or poor fitness that prevented me from being able to work or serve.

___ Correct___ Incorrect

B. Declaration concerning the license:

I declare thereby that my license has never been cancelled or suspended in Israel or in another country.

___ Correct___ Incorrect

C. Declaration of offenses:

1. I declare that no disciplinary procedure has been instigated against me in Israel or overseas.

___ Correct ___

Incorrect

2. I declare that no police force overseas has any pending case against me, there is no criminal proceeding being underway against me in a court overseas due to any criminal offense and that there is no offense entry in any overseas criminal record that hasn't expired under statute of limitations.

___ Correct ___

Incorrect

In cases in which I have entered "incorrect", please detail

D. Consent to disclosure of criminal information

I, the undersigned, Identity No. _____, consent hereby to the Israel Police forwarding to the competent party at the Ministry of Health criminal information about me for the purpose prescribed in the Criminal Record and Rehabilitation Law, 5741-1981, to the extent to which it is entitled to receive it by law. I am aware that my consent exempts the police and the recipient of the information from sending a notice to me concerning disclosure of information about me.

E. Declaration of correctness of the details:

I declare hereby that all of the details that I have given are correct, and that I am aware that if they are found to be incorrect, I shall be liable for the penalty prescribed under Israeli law.

Date ____/____/____

Signature _____