

REPUBLIC OF NAURU

HEALTH PRACTITIONERS (REGISTRATION FORMS AND FEES) REGULATIONS 2018

SL No. 6 of 2018

Notified: 27th March 2018

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Cabinet makes the following Regulations under section 16 of the *Health Practitioners Act 1999*:

1 Citation

These Regulations may be cited as the *Health Practitioners (Registration Forms and Fees) Regulations 2018*.

2 Commencement

These Regulations commence on the day they are notified in the Gazette.

3 Application to register as health practitioner

For the purposes of section 7 of the Act, the form for an application to register as a health practitioner is set out in Schedule 1.

4 Registration fee

For the purposes of section 9(1) of the Act, the registration fee to be paid by a person applying for registration under regulation 3 is set out in Schedule 5.

5 Certificate of enrolment

For the purposes of section 8 of the Act, a person who meets the requirements for registration shall be enrolled as a health practitioner and granted a certificate of enrolment as set out in Schedule 2.

6 Annual practicing certificate

(1) The Board may grant an annual practicing certificate to an applicant on the receipt and consideration of an application under regulation 3 and on the payment of the registration fee set out in Schedule 5.

(2) The prescribed form for the annual practicing certificate is set out in Schedule 3.

7 Annual renewal of practicing certificate fee

For the purposes of section 9 (1) of the Act, the fee for the annual renewal of a practicing certificate to be paid by a health practitioner is set out in Schedule 5.

8 Temporary registration

(1) For the purposes of section 7A of the Act, a health practitioner may apply for temporary registration in the form set out in Schedule 1.

(2) A health practitioner who applies for registration under subregulation (1) shall provide with his or her application a letter of

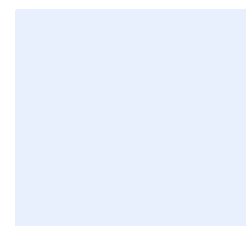
recommendation from a specialist or general medical practitioner resident in the Republic.

- (3) The prescribed form for a temporary practicing certificate is set out in Schedule 4.
- (4) A health practitioner who applies for temporary registration shall pay the fee set out in Schedule 5.



SCHEDULE 1
Health Practitioners Act 1999
Section 7; Regulation 3

Recent photo of applicant



HEALTH PRACTITIONERS REGISTRATION BOARD

Denigomodu District, Nauru.
 Ph: +674-5573883
 Email: hprbnauru@gmail.com

APPLICATION FOR REGISTRATION AS A HEALTH PRACTITIONER

1. Personal Information :				
Surname:				
Given Names:		Preferred Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof.		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship:	Country of Birth:	
Telephone (include country & area codes) - Home:		Permanent Postal Address:		
Residential Address:				
Mobile:		Email:		
Passport No:		Drivers' License No:		
Identification sighted <i>(copy to be attached)</i> :		Tax ID No. (if available):		
(Non-Nauruans only):		Relationship:		
Next of Kin:		Telephone number of next of kin (include country & area codes):		
Address of next of kin:				
2. Health Registration held in Nauru and elsewhere:				
Date of entry	Country	Registering Authority	Valid until	Category of registration
3. Category of Application for Registration sought:				
<input type="checkbox"/> General medical practitioner <input type="checkbox"/> Specialist medical practitioner in the field of <input type="checkbox"/> Dental practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse anaesthetist <input type="checkbox"/> Midwife <input type="checkbox"/> Specialist Nurse <input type="checkbox"/> Nurse Practitioner		<input type="checkbox"/> Pharmacist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Radiographer <input type="checkbox"/> Laboratory Technician <input type="checkbox"/> Laboratory Scientist <input type="checkbox"/> Paramedic <input type="checkbox"/> Intern Medical Officer <input type="checkbox"/> Other <i>(specify)</i> :		
State any specialty or area of practice:				
4. Primary Health Qualification:				
Qualification:	Name of Tertiary Institute:	Address of Tertiary Institute:		

Length of program: months/years	Clinical instruction received at:	Language of instruction:	
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5. Probationary or Internship Training Completed as follows:			
Clinical Discipline	Institution, Place Give name of hospital & city	Duration in months	Month/year completed
Doctors:			
Internal Medicine			
General Surgery			
Orthopaedics			
Paediatrics			
Obstetrics & Gynaecology			
Anaesthesiology			
Emergency Medicine/GOPD			
Mental Health			
Public Health			
Nurses:			
Registered Nurse			
Midwife			
Specialist Nurse (Specify)			
Nurse Practitioner			
Other (Specify)			
Allied Health:			
Radiographer			
Medical Laboratory Scientist/Technician			
Physiotherapist			
Paramedic			

6. Postgraduate Degrees / Diplomas :			
Date (year/month)	Degree / diploma	Language of instruction	Full name and location of conferring authority

7. Other certificates and qualifications (in any field) :	
Name of Certificate or Qualification	Language of instruction

8. Disciplinary Enquiries and Charges		
Date	Country	Details & Outcome