

- **Was the nursing program recognized or approved in the jurisdiction in which it was completed as qualifying the applicant to practice in that jurisdiction as the same level of nurse:** - Choose ____ Yes or ____ No. If No, please provide details: _____

 - **This nursing program was officially recognized, approved or accredited by:** _____

 - **Date program was approved or accredited:** _____
(DD-MM-YYYY format)
-



Kindly be inform that Ministry of Health and Prevention do not fill the details regarding the nursing program of Applicants due to that they are NOT a graduate of MOHAP Institution. It is only filled N/A to be verified to the University.