



**REPUBLIC OF NAURU
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G.N. No. 214 / 2018

**HEALTH PRACTITIONERS (REGULATION
FORM AND FEES) REGULATIONS 2018**

SL. No. 6 of 2018

Notified: []

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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.

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.

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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:		Email:	
Mobile:		Drivers' License No:	
Passport No:		Tax ID No. (if available):	
Identification sighted (<i>copy to be attached</i>):			
(Non-Nauruans only):		Relationship:	
Next of Kin:			
Address of next of kin:		Telephone number of next of kin (include country & area codes):	

2. Health Registration held in Nauru and elsewhere:

Date of entry	Country	Registering Authority	Valid until	Category of registration

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3. Category of Application for Registration sought:

- | | |
|--|--|
| <input type="checkbox"/> General medical practitioner | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Specialist medical practitioner in the field of | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Dental practitioner | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Nurse anaesthetist | <input type="checkbox"/> Laboratory Technician |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Laboratory Scientist |
| <input type="checkbox"/> Specialist Nurse | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Nurse Practitioner | <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:

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Length of program:	months/years	Clinical instruction received at:	Language of instruction:
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	

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9. Current location and sphere of medical practice:

Including hospital / academic appointments: *Give full name and address of employing authority; or, if relevant name partners in private practice or solo private practice*

10. Summary Record of Health Practice (From initial qualification until the present) :

Any period of unemployment or temporary retirement from practice greater than one month should be documented and reasons for same indicated. Attach additional sheets if necessary. Please do not simply write "See C.V."

	From: Month/year	Until: Month/year	Post:	Location: Name of hospital, & city	Clinical area of practice
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

11. Medical / Fitness for Practice :

Have you previously suffered or currently suffer from an injury or illness which may place you or your patients at an increased risk or harm? Yes/No: If Yes, please provide details of condition(s) (include date of injury/ illness).

Do you have any medical condition which may place you or your patients at risk or harm? Yes/No
If Yes, please detail conditions (include date of injury/ illness).

Provide details of your current Hepatitis B immunization and current TB status.

12. Continuing Professional Development : List all CPD activities in the previous 12 months

Date	Activity	Hours

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13. Professional Indemnity :

If you are a private practitioner of your profession not employed by the Government of Nauru answer this question - Do you have professional indemnity cover insurance? Yes/No: If yes, please provide the details and evidence. If No, please advise you intentions for obtaining cover.

14. Criminal Convictions:

Do you have any criminal convictions? Yes/No: If yes, please provide detail stating the year(s) and nature of the convictions (s)

Are you currently facing any criminal charges in Nauru or elsewhere? Yes/No: If yes, please provide details

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15. Declaration by Applicant :

- I undertake to display my annual practicing licence in the public area of my private practice and ensure that patients are aware of the status and conditions.
- I undertake to comply with all relevant legislation and Board guidelines, regulations, codes & standards.
- I undertake to provide to the Board police clearance reports from all jurisdictions I have practised in should the Board require such documents.
- I undertake to provide to the Board medical reports should the Board require such documents.
- I undertake to inform the Board within 30 days should any of the details stated on this form change.
- I undertake to cooperate with the Board in all matters including complaints and disciplinary proceedings.
- I consent to the Board divulging relevant practice details as it sees fit.
- I consent to the Board verifying any information provided by me in this form.
- I declare that I am fit for practice in the vocation I am applying for.
- I make this declaration in the knowledge that a false statement may amount to perjury and may result in the revocation of my practicing certificate.
- I solemnly declare to the best of my knowledge that all information provided are true and correct.
- I undertake to uphold the Health profession in the highest esteem.

Signed:

Date:/...../20....

Name: _____

Place: _____

1. Warning: False / Fraudulent claims: In the event of any applicant submitting false or incomplete data and/or copies of certificates, which are found to be false, the Registration authority of the applicant's citizenship will be notified. The application for registration in Nauru will be unsuccessful; or provisional registration, if already given, will be cancelled.

Note 1: The Health Practitioners Board will determine your eligibility for registration.

If you are determined to be eligible, your registration will be confirmed when you present your original documents, or original notarized copies of the same, to the Registrar, Health Registration Board, for inspection and verification of the copies you have submitted.

Note 2: Health Practitioners coming from outside Nauru on first appointment may be granted conditional registration for a period of four (4) months, which will be confirmed subject to satisfactory performance.

Note 3: Applications for Temporary Registration, for visits by consultants for specific projects, must be accompanied by letters of recommendation from the medical practitioner, resident in Nauru, who is responsible for the project.

Note 4: Applicants for renewal of registration who have been registered in Nauru within the preceding 24 months, may use a simplified application form obtainable on request, (including by email), provided the circumstances of the application are substantially unchanged from the

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previous visit. A current Practicing Certificate/Letter of Good Standing is required in all cases.

2. Supporting Documents Required:

Please submit the following documents with this application:

- Curriculum Vitae.
- Certified copy of Basic Medical/Nursing qualification.
- Certified copy of postgraduate qualifications.
- Three professional references.
- Digital passport style colour photograph on the front page which must be not more than one month old.
- Certificate of Good Standing from the Registration authority of your current/most recent place of practice, dated not more than 3 months before the date of this application (ONLY FOR OVERSEAS APPLICANTS).
- Certified copy of driver's license.
- Certified copy of passport.
- Evidence of Continuing Professional Development.
- Evidence of Professional Indemnity (*if applicable*).
- Police clearance report from all jurisdictions where applicant has practised (*if applicable*).

Note: if you are already enrolled as a health practitioner, you are not required to provide the details above but attach a certified copy of:

- (a) Certificate of enrolment of Roll of Health Practitioners;**
- (b) A current or last expired annual practicing certificate.**

NOTE: Download and fill in the blank spaces. Email to hprbnauru@gmail.com . Or print and manually fill blanks then scan and email or hand deliver to Secretary of the Board. No signature is required if emailing electronically filled form.

16. Payment:

Please make cheques payable to the Government of Nauru. For bank transfers ensure mail evidence of payment.

Preferred method of payment of registration fees

- Cash Transfer Credit to Government nominated account Cheque

NB: We do not accept cash through mail.

SCHEDULE 2



Health Practitioners Act 1999

Section 8; Regulation 5

Health Practitioners Registration Board



CERTIFICATE OF ENROLMENT OF ROLL OF HEALTH PRACTITIONERS

This is to certify thatof..... has duly complied with the requirements of the Health Practitioners Act 1999 and is hereby enrolled to practice as a health practitioner asin the Republic of Nauru.

Granted under the Seal of the Health Practitioners Registration Board on the day of 20.....

.....
CHAIRPERSON

SCHEDULE 3



Health Practitioners Act 1999

Section 8(4); Regulation 5

Health Practitioners Registration Board

Annual Practicing Certificate 20....

Registration Class

	REGISTRATION NUMBER
	[CLASS OF PRACTICE]
	[NAME OF PRACTITIONER]
	Validity of Certificate:
<i>Photo of practitioner</i>	
CLASS(ES) OF REGISTRATION:	
CONDITIONS:	

I hereby certify that the aforementioned person has complied with all the requirements prescribed by the Health Practitioners Act 1999 and is authorised to practice as - _____ for a period of 12 months with effect from the date of issue.

Issued by the Health Practitioners Registration Board on the _____ day of _____ 20....

.....

CHAIRPERSON

Note: any alteration or marks invalidates the Certificate.

SCHEDULE 4



Health Practitioners Act 1999

Section 7A; Regulation 7

Health Practitioners Registration Board

Temporary Practicing Certificate 20....

Registration Class

	REGISTRATION NUMBER
	[CLASS OF PRACTICE]
	[NAME OF PRACTITIONER]
	Validity of Certificate:
<i>Photo of practitioner</i>	
CLASS(ES) OF REGISTRATION:	
CONDITIONS:	

I hereby certify that the aforementioned person has complied with all the requirements prescribed by the Health Practitioners Act 1999 and is admitted to practice as - for a period of months with effect from the date of issue.

Issued by the Health Practitioners Registration Board on the day of 20....

.....

CHAIRPERSON

Note: any alteration or marks invalidates the Certificate.

**SCHEDULE 5
FEES**

Section 9; Regulations 4, 7 and 8

CLASS OF HEALTH PRACTITIONER	REGISTRATION FEE (\$)	ANNUAL RENEWAL OF PRACTICING CERTIFICATE FEE (\$)
Specialist medical practitioner	\$500.00	\$300.00
General medical practitioner	\$500.00	\$300.00
Dental practitioner	\$500.00	\$300.00
Nurse	\$200.00	\$100.00
Nurse anaesthetist	\$200.00	\$100.00
Midwife	\$200.00	\$100.00
Specialist Nurse	\$200.00	\$100.00
Nurse Practitioner	\$200.00	\$100.00
Pharmacist	\$500.00	\$300.00
Psychiatrist	\$300.00	\$150.00
Physiotherapist	\$300.00	\$150.00
Radiographer	\$200.00	\$100.00
Medical Laboratory Scientist	\$300.00	\$150.00
Medical Laboratory Technician	\$200.00	\$100.00
Paramedic	\$50.00	\$30.00
Intern Medical Officer	\$50.00	-
Temporary Registration	\$200.00	-

NOTE:

Health Practitioners employed by the Republic of Nauru are exempt from paying fees for registration and renewal of annual practicing certificate.