**Nursing Specialization Renewal Form**

Application Date: -------------------------

**Personal information**

- Full name in English: ------------------------------------------------------------------

- Full name in Arabic: -------------------------------------------------------------------- Gender: -----------------------------------------------------------------------------------

- Name of Institution work / Department: -------------------------------------------------------------------------------------------------------------------------------------------

- Job Title: ----------------------------------------------------------------------------

- Mobile No: ------------------------------------------------------------------------------

- E-mail Address: -------------------------------------------------------------------------

- Work phone: ----------------------------------------------------------------------------

- Educational level: post-BCs / Diploma: ……………………

 Master ……………………….

 Doctorate ……………………

- Specialization level

* Nurse Specialist/area of specialization ----------------------------------------
* Advanced Nurse Specialist/area of specialization ---------------------------

- University name of specialization level earned: ------------------------------------

-Last Specialization Certificate Issue Date: ------------------------------------------

- Specialization Certificate Validation Date: -----------------------------------------

- Serial No of the specialization certificate: ------------------------------------------

**1- Continuing Education Hours:**

**- For** **Nurse Specialist /midwifery Specialist**: provide (36) continuing education hours, 60% of the hours in specialty area and 40% in other health fields.

**- For** **Advanced Nurse Specialist/Advanced midwifery Specialist**: provide (50) Continuing education hours, 60% of the hours in specialty area and 40% in other health fields.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Title  | Activity Date  | Institution | Contact hours |
| Specialty 60% | General 40% |
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**2- Clinical Hours**:

Provide at least 250 practice days in specialization field during the three years of renewal for Nurse Specialist /midwifery Specialist & Advanced Nurse Specialist/Advanced midwifery Specialist). Tick the activity below & complete the table plz:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of working activity | Name of institution | unit | Date | Number of days |
|  Regular work  |  |  |  |  |
|  Part time |  |  |  |  |
|  Independent work |  |  |  |  |
|  Supervising of nursing students |  |  |  |  |

**3- Additional requirements for Advanced Nurse Specialist/Advanced midwifery Specialist):**

**Tick one of these requirements at least:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the requirements | Title  | Institution | Contact hours | Date |
|  Participation in nursing project based on Evidence Based  |  |  |  |  |
|  Hold a Lecture in specialization field & be the main speaker for five hours continuing education at least.  |  |  |  |  |
|  Publish a research or an article in nursing.  |  |  |  |  |

Applicant signature: ----------------------