Postgraduate Course on Hemodialysis for Renal Nurses

Pre-registration (AN) Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of participant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_ Marital Status : \_\_\_\_\_\_\_\_\_\_\_

Contact #: Landline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Requirements**

1. **Scan copy of updated PRC ID**
2. **Scan copy of certificate of employment from the hospital or free standing hemodialysis unit**
3. **Strong and stable internet connection to maintain a stable video connection to run a webinar.**
4. **Applicant is considered registered after appropriate approval and payment of fee**

Experience as a Renal Nurse in the Hemodialysis Unit/ Center. Please check appropriate answer.

3 to <6 months

6 to <9 months

9 to <12 months

>12 months

List of hemodialysis training within the last 5 years

|  |  |  |  |
| --- | --- | --- | --- |
| Course Title | Inclusive Date | Organized by : | Validity Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List the hemodialysis unit/s, address and contact number of the institution where you work/ worked as a Renal Nurse

|  |  |  |  |
| --- | --- | --- | --- |
| Hemodialysis Unit | Address | Contact number/s | Months/Yrs worked |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Certified true by recommending nephrologist

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Contact number/s | Verified by: |
| Hemodialysis unit |  |  |  |
| Medical Director/ Nephrologist |  |  |  |
| Human Resources Officer |  |  |  |

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

*Lpp/ipg/5-21-20*