
**Professional Registration System
Advanced Practice Nurse (APN)
Certification Application
HR User Manual**

Version 1.0

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1. INTRODUCTION

1.1. Overview

The Professional Registration System (PRS) is a common registration system for Healthcare Professionals in Singapore. It supports the Healthcare Professionals (HCP), Human Resources Personnel (HR) and Healthcare Professional Entities (HPE) in the execution of the key business functions of the HPEs, such as professional registration, renewal, disciplinary and continuing professional education.

The PRS is a web-based application that is hosted in the Medinet Hosting Environment.

1.2. Scope

The objective of this document is to provide step-by-step guidelines on the proper usage of the system by HR to submit applications online to the SNB.

The targeted users of this document shall be the HR.

Users of the online application functionalities should have the basic knowledge of using a internet web browser, such as the Internet Explorer (IE), to navigate from one page to another.

The chapters in this manual are organised in a logically functional manner. They may not necessarily reflect the order, which the users would normally adopt to use the system.

The reader of this manual may study its content in any order. He/She may read the specific sections that illustrate the functions being encountered or study the specific section that he/she is interested in.

1.3. Definitions, Acronyms and Abbreviations

This manual uses the following typographic conventions:

- A “*” character next to a field indicates a mandatory field.
- **[Button Name]** refers to a button.
 - **[Proceed]** button indicates that the system will be displaying the next web page after the current page.
 - **[Confirm]** button indicates that the system will update or insert records in the database and will display the acknowledgment page.
 - **[Print]** button displays the letter on the browser and the system will update the record in the database.

The following format is used by the PRS system:

- DD/MM/YYYY as a Date Format

The manual uses the following abbreviations

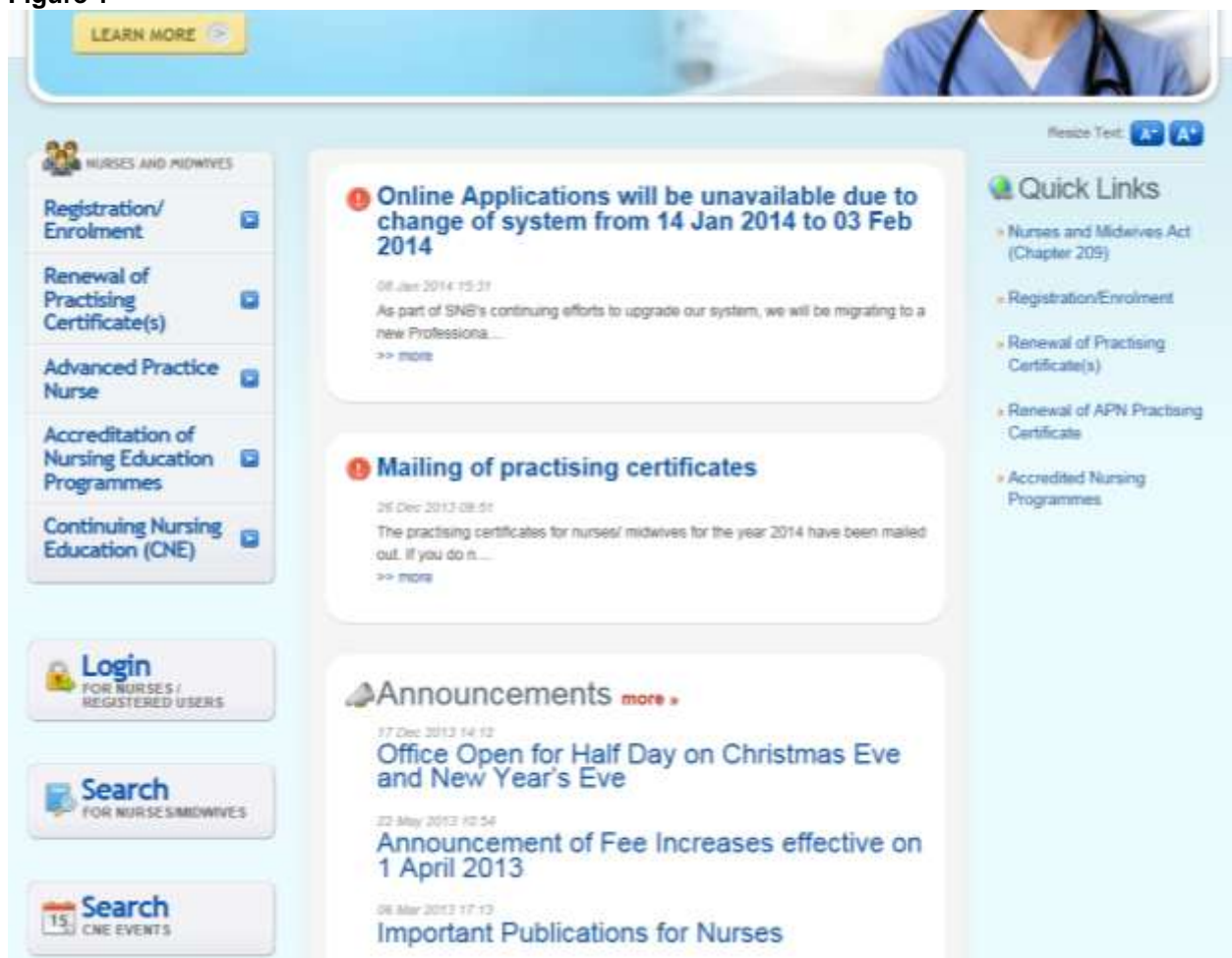
- HCP: Healthcare Professional
- HPE: Healthcare Professional Entity
- IE: Internet Explorer
- PC: Practicing Certificate
- PRS: Professional Registration System
- RC: Registration Certificate
- SNB: Singapore Nursing Board

2. FUNCTIONS

2.1. Login to the PRS

To access the PRS, click on the [\[Login\]](#) button on the SNB's website (URL: <http://www.snb.gov.sg>).

Figure 1



The PRS Login screen will be displayed as follows.

Figure 2

The screenshot displays the login interface for the Professional Registration System (PRS) of the Singapore Nursing Board. The header features the Singapore Nursing Board logo and name, along with the Singapore Government logo and navigation links for Contact, Feedback, and Sitemap. A 'Login' link is visible in the top right corner. The main content area is titled 'Instructions for Authorised Users' and provides login instructions for Healthcare Professionals, HR Personnel, and CPE Providers. It includes a login form with fields for 'User ID' and 'Password', a 'Login' button, and a 'Reset Password' link. Below the form, it states 'Alternatively, you can login using SingPass'. The footer contains links for Privacy Statement and Terms of Use, and a copyright notice for the Singapore Nursing Board.

Singapore Nursing Board

Singapore Government
Integrity • Service • Excellence
Contact | Feedback | Sitemap

Login

Instructions for Authorised Users

Healthcare Professionals:
You may login via SingPass or your User ID and password. For first time login users, please click [here](#) to view the documentation required for processing.

HR Personnel:
You may login via your User ID and password. If you do not have an account, please click [here](#) to download the form and mail the signed form to slg_nsb_register@nsb.gov.sg.

CPE Providers:
You may login via your User ID and password. If you do not have an account, please click [here](#) to submit your application for an online account.

Note: On this site, any reference to Continuing Professional Education (CPE) is equivalent to Continuing Nursing Education (CNE)

User ID ?
Password

Login [Reset Password](#)

Alternatively, you can login using

[Privacy Statement](#) | [Terms of Use](#)

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To login:

- Enter your **User ID**.
- Enter your **Password**.
- Click on the [\[Login\]](#) button.

If your login credentials are correct the landing page will be displayed as follows:

Figure 3



2.2. APN Certification Application

If you are submitting an APN Certification application on behalf of the professionals, you will need to login to PRS. Do note that if the professional is new, you would need to apply for RN registration first.

After logging in, click on the [\[APN Certification\]](#) link.

Figure 4



To proceed to the next stage of the application (i.e.: Application Form)

- Enter the Registration No. of the Registered Nurse (RN) you are submitting on behalf.
- Click on the [\[Proceed\]](#) button at the bottom of the page

Figure 5

*HPE	Singapore Nursing Board
*Application Type	Advanced Practice Nurse
Registration No	<input type="text"/>
Proceed	

The first page of the APN application form will be displayed. The following is an extract.

Figure 6

The screenshot displays the 'APN - Personal' application form. At the top, a navigation bar includes tabs for 'APN - Personal', 'Qualifications', 'Clinical Practice', 'Documents', 'Declarations', 'Confirmation', 'Payment', and 'Acknowledgement'. The 'APN - Personal' tab is active. Below the navigation bar, the title 'APN' is displayed. A note states: 'Click [here](#) for important Instructions for applying APN online. Note: All Fields marked with asterisk (*) are mandatory.' The form is divided into two main sections: 'Accreditation Details' and 'Particulars Of Applicant'. The 'Accreditation Details' section contains three dropdown menus: '*Area of Practice' (with '--Select Here--'), '*Sub-discipline' (with '--Select Here--'), and 'For Temporary Certification only: Purpose of Certification' (with '--Select Here--'). The 'Particulars Of Applicant' section is a table with the following data:

Identification Type	NRIC
Identification No.	S4459813B
Salutation	Prof
Full Name as shown in NRIC/FIN/Passport	TEST N
Surname / Family Name	Test
Nationality	SINGAPORE CITIZEN
Country/Place of Birth	Singapore
Preferred Email Address	abc@abc.com.sg
Alternate Email Address	-
Home Telephone No.	+6545554456
Office Telephone No.	-
Mobile No.	-

At the bottom of the 'Particulars Of Applicant' section, there are two buttons: 'Save' and 'Proceed'.

The Accreditation – Personal page has the following sections:

- Accreditation Details
- Particulars of Applicant

Particulars of Applicant will be pre-loaded with the last known information in the system. These sections will be read-only. To update the particulars, you will need to request professional to do so via Update Particulars function.

It is highly recommended that you click on the [\[here\]](#) hyperlink to download the instructions before you submit APN certification application.

Figure 6

This screenshot shows the 'APN - Personal' application form, focusing on the 'Accreditation Details' section. The navigation bar at the top is identical to the previous figure. The 'APN' title and the instruction note are also present. The 'Accreditation Details' section contains three dropdown menus: '*Area of Practice' (with '--Select Here--'), '*Sub-discipline' (with '--Select Here--'), and 'For Temporary Certification only: Purpose of Certification' (with '--Select Here--').

Before proceeding with the Qualifications page:

- Select **Area of Practice**.
- Select **Sub-discipline**.
- Optional: (For Temporary Certification only) Select **Purpose of Certification**.
- Click on the [\[Proceed\]](#) button.

If the inputs pass all the required validation checks, the Qualifications page will be displayed. The following is an extract.

Figure 8

APN - Personal

Qualifications

Clinical Practice

Documents

Declarations

Confirmation

Payment

Acknowledgement

APN

Note: All Fields marked with asterisk (*) are mandatory.

Qualifications of Applicant

Nursing Qualification Obtained

Country	University / Institution	Qualification Type	Qualification	Programme Type	Course Duration	Year Obtained	Action
No Nursing Qualification added.							
Add Qualification							

Advanced Practice Nurse Education Preparation

Country	University / Institution	Programme Name	Course Duration	Year Obtained	Action
No Advanced Practice Nurse Education Preparation added.					
Add Programme					

For Healthcare Professionals Certified as Advanced Practice Nurse or Equivalent

License to practise as Nurse Practitioner/ Advanced Practice Nurse

Kindly note that for new healthcare professionals, this section is mandatory.

Country of Licensure	Council/Board providing license to practise	License Type	License No.	License/ PC Expiry Date	Start Date	Action
No License added.						
Add License						

Certification as Nurse Practitioner/ Advanced Practice Nurse

Note: to provide if different from License to practise.

Certification Country	Certification Type	Certification Expiry Date	Start Date	Action
No Certification added.				
Add Certification				

[Save](#)[Proceed](#)

The Qualifications page has the following sections:

- Nursing Qualification Obtained
- Advanced Practice Nurse Education Preparation
- License to practise as Nurse Practitioner/ Advanced Practice Nurse
- Certification as Nurse Practitioner/ Advanced Practice Nurse

Figure 9

Nursing Qualification Obtained

Country	University / Institution	Qualification Type	Qualification	Programme Type	Course Duration	Year Obtained	Action
No Nursing Qualification added.							
Add Qualification							

Nursing Qualification Obtained

This section allows you to enter information about any Qualifications that they have obtained that are relevant to the nursing application.

- Click on the [\[Add Qualification\]](#) button. A pop-up window will appear.

Figure 10

Note: All Fields marked with asterisk (*) are mandatory.

Nursing Qualification Obtained

*Country	--Select Here--
*University / Institution	--Select Here--
*Qualification Type	--Select Here--
*Qualification	--Select Here--
Programme Type	<input type="radio"/> Full-time <input type="radio"/> Part-time
Course Duration	<input type="text"/> months
*Year Obtained	<input type="text"/>

[Save](#) [Cancel](#)

- Select the **Country**.
- Select the **University / Institution**.
 - If others, enter the name of the University / Institution in the text box that appears.
- Select the **Qualification Type**.
- Select the **Qualification**.
 - If others, enter the name of the Qualification in the text box that appears.
- Select the **Programme Type**.
- Enter the **Course Duration**.
- Enter the **Year Obtained**.
- Click on [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 11

Advanced Practice Nurse Education Preparation

Country	University / Institution	Programme Name	Course Duration	Year Obtained	Action
No Advanced Practice Nurse Education Preparation added.					
Add Programme					

Advanced Practice Nurse Education Preparation

This section allows you to enter information about any Advanced Practice Nurse Education Preparation Qualifications that they have obtained that are relevant to their APN application.

- Click on the [\[Add Programme\]](#) button. A pop-up window will appear.

Figure 12

Note: All Fields marked with asterisk (*) are mandatory.

Advanced Practice Nurse Education Preparation

*Country	--Select Here--
*University / Institution	--Select Here--
*Programme Name	--Select Here--
Course Duration	<input type="text"/> months
*Year Obtained	<input type="text"/>

[Save](#) [Cancel](#)

- Select the **Country**.
- Select the **University / Institution**.
 - If others, enter the name of the University / Institution in the text box that appears.
- Select the **Programme Name**.
 - If others, enter the name of the Programme in the text box that appears.
- Enter the **Course Duration**.
- Enter the **Year Obtained**.
- Click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the University/Institution column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 13

For Healthcare Professionals Certified as Advanced Practice Nurse or Equivalent

License to practise as Nurse Practitioner/ Advanced Practice Nurse

Kindly note that for new healthcare professionals, this section is mandatory.

Country of Licensure	Council/Board providing license to practise	License Type	License No.	License/ PC Expiry Date	Start Date	Action
No License added.						

[Add License](#)

License to practise as Nurse Practitioner/ Advanced Practice Nurse

This section allows you to enter their licensing information outside Singapore.



- Click on the [\[Add License\]](#) button. A pop-up window will appear. Refer to the following screen.

Figure 14

Note: All Fields marked with asterisk (*) are mandatory.

License to practise as Nurse Practitioner/ Advanced Practice Nurse

Kindly note that for new healthcare professionals, this section is mandatory.

*Country of Licensure	--Select Here--	
*Council/Board providing license to practise	--Select Here--	
*License Type	--Select Here--	
*License No.		
*License/ PC Expiry Date	dd/mm/yyyy	
Start Date	dd/mm/yyyy	

[Save](#) [Cancel](#)

- Select the **Country of Licensure**.
- Select the **Council/Board providing license to practise**.
- Select the **License Type**.
 - If others, enter the name of the License Type in the text box that appears.
- Enter the **License No.**
- Enter the **License/ PC Expiry Date**.
- Enter the **Start Date**.
- Click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Course Provider column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 15

Certification as Nurse Practitioner/ Advanced Practice Nurse

Note: to provide if different from License to practise.

Certification Country	Certification Type	Certification Expiry Date	Start Date	Action
No Certification added.				

[Add Certification](#)

Certification as Nurse Practitioner/ Advanced Practice Nurse

This section allows you to provide information on their certification outside Singapore.



- Click on the [\[Add Certification\]](#) button. A pop-up window will appear. Refer to the following screen.

Figure 16

Note: All Fields marked with asterisk (*) are mandatory.

Certification as Nurse Practitioner/ Advanced Practice Nurse

Note: to provide if different from License to practise.

*Certification Country	--Select Here--	▼
*Certification Type	--Select Here--	▼
*Certification Expiry Date	dd/mm/yyyy	
Start Date	dd/mm/yyyy	

[Save](#) [Cancel](#)

- Select the **Certification Country**.
- Select the **Certification Type**.
 - If others, enter the name of the Certification Type in the text box that appears.
- Enter the **Certification Expiry Date**.
- Enter the **Start Date**.
- Click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Country column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

To proceed to the Clinical Practice page:

- Tip: You may click on the [\[APN - Personal\]](#) link at the top of the page to return to the previous page to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to **Error! Reference source not found.5Error! Reference source not found.** for more information.
- Click on the [\[Proceed\]](#) button.

If all inputs pass the validation checks, the Clinical Practice page will be displayed. The following is an extract.

Figure 17

APN - Personal Qualifications **Clinical Practice** Documents Declarations Confirmation Payment Acknowledgement

APN

Note: All Fields marked with asterisk (*) are mandatory.

Current Practice Information

*Institution / Clinic Name	<input type="text"/>
*Appointment	--Select Here--
*Employment Date	dd/mm/yyyy

Practice Area for APN Internship / Supervisory Practice

Institution / Hospital	Practice Areas	Supervisor Full Name	Supervisor Registration No.	Supervisor Designation	No. of trainees supervised, exclude APN	Action
No Practice Area added.						

[Add Clinical Area](#)

Working Experience as Registered Nurse

Country	Institution / Hospital	Department	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							

[Add RN Working Experience](#)

Working Experience as APN

Country	Institution / Hospital	Area of Practice	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							

[Add APN Working Experience](#)

The Clinical Practice page consists of the following sections:

- Current Practice Information
- Practice Area for APN Internship / Supervisory Practice
- Working Experience as Registered Nurse
- Working Experience as APN

Figure 18

Current Practice Information

*Institution / Clinic Name	<input type="text"/>
*Appointment	--Select Here--
*Employment Date	dd/mm/yyyy

Current Practice Information (the practice information in your institution)
This section allows you to enter their practice information in Singapore.

- Enter the **Institution / Clinic Name**.
- Select the **Appointment**.
 - If others, enter the appointment in the text box that appears.
- Enter the **Employment Date**.

Figure 19

Practice Area for APN Internship / Supervisory Practice

Institution / Hospital	Practice Areas	Supervisor Full Name	Supervisor Registration No.	Supervisor Designation	No. of trainees supervised, exclude APN	Action
No Practice Area added.						
Add Clinical Area						

Practice Area for APN Internship / Supervisory Practice

This section allows you to enter information about their practice area in your institution.

- Click on the [\[Add Clinical Area\]](#) button. A pop-up window will appear. Refer to the following screen

Figure 20

Note: All Fields marked with asterisk (*) are mandatory.

Practice Area for APN Internship / Supervisory Practice

*Institution / Hospital	<input type="text"/>
*Practice Areas	--Select Here-- <input type="button" value="v"/>
*Supervisor Full Name	<input type="text"/>
*Supervisor Registration No.	<input type="text"/>
*Supervisor Designation	--Select Here-- <input type="button" value="v"/>
No. of trainees supervised, exclude APN	<input type="text"/>

Further Information about each clinical area utilised for APN Internship /Supervisory Practice

*Ward / Clinic	<input type="text"/>	<input type="button" value="v"/> (0/255)
*Discipline / Type of cases	<input type="text"/>	<input type="button" value="v"/> (0/200)
*Capacity	<input type="text"/>	
*Estimated Hrs per week spent	<input type="text"/>	
No. of Other Specialists within ward/clinic who can assist with supervision	<input type="text"/>	
No. of Other Interns	<input type="text"/>	
Other Resources	<input type="text"/>	<input type="button" value="v"/> (0/500)
Remarks	<input type="text"/>	<input type="button" value="v"/> (0/500)

[Save](#) [Cancel](#)

- Enter the **Institution / Hospital**.
 - If others, enter the Institution / Hospital in the text box that appears.
- Select the **Practice Areas**.
 - If others, enter the Practice Areas in the text box that appears.
- Enter the **Supervisor Full Name**.
- Enter the **Supervisor Registration No.**
- Enter the **Supervisor Designation**.
 - If others, enter the Designation in the text box that appears.
- Optional: Enter the **Number of trainees supervised, exclude APN**.
- Enter the **Ward / Clinic**.
- Enter the **Discipline / Type of cases**.
- Enter the **Capacity**.
- Enter the **Estimated Hrs per week spent**.
- Optional: Enter the **No. of Other Specialists within ward/clinic who can assist with supervision**.

- Optional: Enter the **No. of Other Interns**.
- Optional: Enter the **Other Resources**.
- Optional: Enter the **Remarks**.
- Click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Country column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 21

Working Experience as Registered Nurse

Country	Institution / Hospital	Department	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							

[Add RN Working Experience](#)

Working Experience as Registered Nurse



This section allows you to enter information about their previous RN working experience.

- Click on the [\[Add RN Working Experience\]](#) button. A pop-up window will appear. Refer to the following screen

Figure 22

Note: All Fields marked with asterisk (*) are mandatory.

Working Experience as Registered Nurse

*Country	--Select Here--	
*Institution / Hospital		
Department		
Designation	--Select Here--	
*Responsibilities		
*Start Date	dd/mm/yyyy	
End Date	dd/mm/yyyy	

[Save](#) [Cancel](#)

- Select the **Country**.
- Enter the **Name of Institution/Organisation**.
 - If others, enter the Name of Institution/Organisation in the text box that appears.
- Optional: Enter the **Department**.
- Optional: Select the **Designation**.
 - If others, enter the Designation in the text box that appears.
- Enter the **Responsibilities**.
- Enter the **Start Date**.
- Optional: Enter the **End Date**
- Click on the [\[Save\]](#) button. If the inputs pass the required validation checks, the pop-up window will close and a record will be added to the table. Click on [\[Cancel\]](#) button to close the window without saving any changes.
- Tip: To change the details of an added record, click on the respective hyperlink in the Country column.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink.

Figure 23

Working Experience as APN

Country	Institution / Hospital	Area of Practice	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							
Add APN Working Experience							

Working Experience as APN



This section allows you to add information about their previous working Experience as APN.

- Click on the [\[Add APN Working Experience\]](#) button. A pop-up window appears. Refer to the following screen.

Figure 24

Note: All Fields marked with asterisk (*) are mandatory.

Working Experience as APN

*Country	--Select Here--	
*Institution / Hospital		
*Area of Practice	--Select Here--	
Designation	--Select Here--	
Responsibilities		
*Start Date	dd/mm/yyyy	
End Date	dd/mm/yyyy	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>		

- Select the **Country**.
- Enter the **Institution / Hospital**.
 - If others, enter the Institution / Hospital in the text box that appears.
- Select the **Area of Practice**.
 - If others, enter the Area of Practice in the text box that appears.
- Optional: Select the **Designation**.
 - If others, enter the Designation in the text box that appears.
- Enter the **Responsibilities**.
- Enter the **Start Date**.
- Optional: Enter the **End Date**.
- Click on the [\[Save\]](#) button to save your changes and close the pop-up. If the inputs pass the validation checks, a new record will be added to the table. Click on the [\[Cancel\]](#) button to close the pop-up without saving the changes.
- Tip: To delete a record, click on the respective [\[Delete\]](#) hyperlink. Please note that pre-loaded records cannot be deleted.

To proceed to the Documents page:

- Tip: You may click on the [\[Accreditation - Personal\]](#), [\[Qualifications\]](#) or [\[Clinical Practice\]](#) links to return to the previous respective pages to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to [Error! Reference source not found.5Error! Reference source not found.](#) for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Documents.

If the inputs pass all the validation checks, the Documents page will be displayed as follows. All mandatory documents must be uploaded before you will be able to proceed to the next stage. Do note the following restrictions when uploading:

- File must be in JPEG(.jpg or .jpeg) or PDF (.pdf) format.
- Each file size must not exceed 1MB.

- For Photographs, the dimensions must be 400 by 514 pixels.

Figure 25

APN - Personal > Qualifications > Clinical Practice > **Documents** > Declarations > Confirmation > Payment > Acknowledgement

APN

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB
- For Photograph, the dimensions must be 400 by 514 pixels

Mandatory Documents

Document Title	Certificate of APN Education
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	NRIC or Passport & Employment Pass
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Recent Color Photograph against White Background
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>
Document Title	Transcript of APN Education
*Upload Document	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

Additional Documents

Document Title	--Select Here--
File	<input type="text"/> <input type="button" value="Browse.."/> <input type="button" value="Attach"/>

Documents Attached
No document attached.

To upload a document

- Click on the **[Browse]** button. A file dialog box will appear to let you select your file.
- Select the file to upload and click on the **[Open]** button. The file dialog box closes.
- Click on the **[Attach]** button. The selected file will be uploaded.
- Tip: Click on the **[Delete]** link if you do not wish to include the uploaded document with your application.
- Tip: Click on the **[Replace]** link if you wish to replace the uploaded document with another. A popup-window will appear. Refer to the following screen.

Figure 26

Replace Document

Note:

- File must be in JPEG(.jpg or .jpeg), PDF (.pdf).
- Each file size must not exceed 1MB

Document Title	NRIC or Passport & Employment Pass
File	<input type="text"/> <input type="button" value="Browse.."/>

- Click on the **[Proceed]** button. If all mandatory documents have been uploaded, the Declarations page will be displayed. The following is an extract.

Figure 27

APN - Personal

Qualifications

Clinical Practice

Documents

Declarations

Confirmation

Payment

Acknowledgement

APN

Note: All fields are mandatory.

Declarations by Applicant

Please answer all questions. If you have answered "yes" to any of the questions, please provide full details in a separate document and upload supporting documents where applicable.

1. Have you ever been or are you currently the subject of an inquiry or an investigation by any licensing authority in Singapore or elsewhere involving an allegation of professional misconduct or any improper conduct which brings disrepute to the nursing profession?

☐ Yes ☐ No

2. Have you ever suffered or are you suffering from any physical or mental illness, which impairs your fitness to practise as a Registered Nurse/Registered Midwife/Enrolled Nurse?

☐ Yes ☐ No

3. Have you ever been convicted in Singapore or elsewhere of any offence?

☐ Yes ☐ No

☐ I declare that the particulars stated in this application and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the Singapore Nursing Board reserves all rights to withhold and/or to terminate my registration and/or take any action it deems fit, if any of the above information or documents tendered is found subsequently to be false. I am also aware that it is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Singapore Nursing Board. I also understand and give my consent for the Singapore Nursing Board to make any enquiries or obtain any information & documents that it deems appropriate to establish my fitness to practise.

☐ I also authorise Singapore Nursing Board to release the data provided by me, to the Ministry of Health and such other parties where the Registrar deems essential for the purpose of their official duties under current legislations.

Save

Proceed

- Indicate your answer for all the questions. If you answer "Yes" to any of the questions, you will be required to provide further details in the text box that appears.
- Tick the checkboxes to make your declarations.
- Tip: You may click on the [\[Personal\]](#), [\[Qualifications\]](#), [\[Clinical Practice\]](#) or [\[Documents\]](#) links to return to the respective previous page to make changes, if necessary.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft later on from Enquire Applications. Refer to **Error! Reference source not found.5Error! Reference source not found.** for more information.
- Click on the [\[Proceed\]](#) button to proceed to the next page, Confirmation.

If the inputs all pass the required validation checks, the confirmation page will be displayed. The Confirmation Page will display all the details that you have entered. The following is an extract.

Figure 28

APN - Personal

Qualifications

Clinical Practice

Documents

Declarations

Confirmation

Payment

Acknowledgement

APN

Accreditation Details

Area of Practice	Acute Care
Sub-discipline	Cardiology
For Temporary Certification only:	
Purpose of Certification	Clinical Attachment

Particulars Of Applicant

Identification Type	NRIC
Identification No.	S4459813B
Salutation	Prof
Full Name as shown in NRIC/FIN/Passport	TEST N
Surname / Family Name	Test
Nationality	SINGAPORE CITIZEN
Country/Place of Birth	Singapore
Preferred Email Address	abc@abc.com.sg
Alternate Email Address	-
Home Telephone No.	+6545554456
Office Telephone No.	-
Mobile No.	-

Qualifications of Applicant

Nursing Qualification Obtained

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To proceed to the Payment page:

- Tip: You may click on the links at the top to return to the previous pages to make changes, if necessary.
- Click on the **[Confirm]** button.

The Payment page will be displayed as follows.

Figure 29

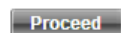


APN

Please note that the following fee(s) paid will not be refundable.

If you encounter any problems making payment, please try again later. Your application will be saved as Draft in the Enquire Applications.

Fee Type	Unit Price (SGD)	Quantity	Amount Due (SGD)
Application for Certification as an Advanced Practice Nurse	200.00	1	200.00
Certification as an Advanced Practice Nurse	40.00	1	40.00



To proceed to make payment:

- Click on the [Proceed] button.

Follow the on-screen instructions to make payment. Please do not close the browser when making payment and click on “Click to complete this transaction” to return to PRS. Once payment has been made, the Acknowledgement page will be displayed.

Figure 30



Acknowledgement for APN Application

Please be informed that your APN application request has been submitted to Singapore Nursing Board on 20/01/2014. Please print / save a copy of this acknowledgement for your reference.

Your application no. is SNB-20131113-0002-APN.

You may check the status of your application online using the same User ID. and password. For any query, please email to prsnsci+sit+snb@gmail.com and quote the above application no.



- Optional: Click on the [\[email\]](#) link to email your queries pertaining to the application, if any.
- Recommended: Click on the [\[Print\]](#) button to print out a copy of the acknowledgement page.