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

**Version 2.0**

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## **1. INTRODUCTION**

### **1.1. Overview**

The Professional Registration System (PRS) is a common registration system for Healthcare Professionals (HCPs) in Singapore. It supports the HCPs, Human Resources Personnel (HR) and Healthcare Professional Entities (HPEs) 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 Healthcare Professionals to submit applications online to the SNB.

The targeted users of this document shall be the HCPs who are applying for certification as an Advanced Practice Nurse (APN).

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

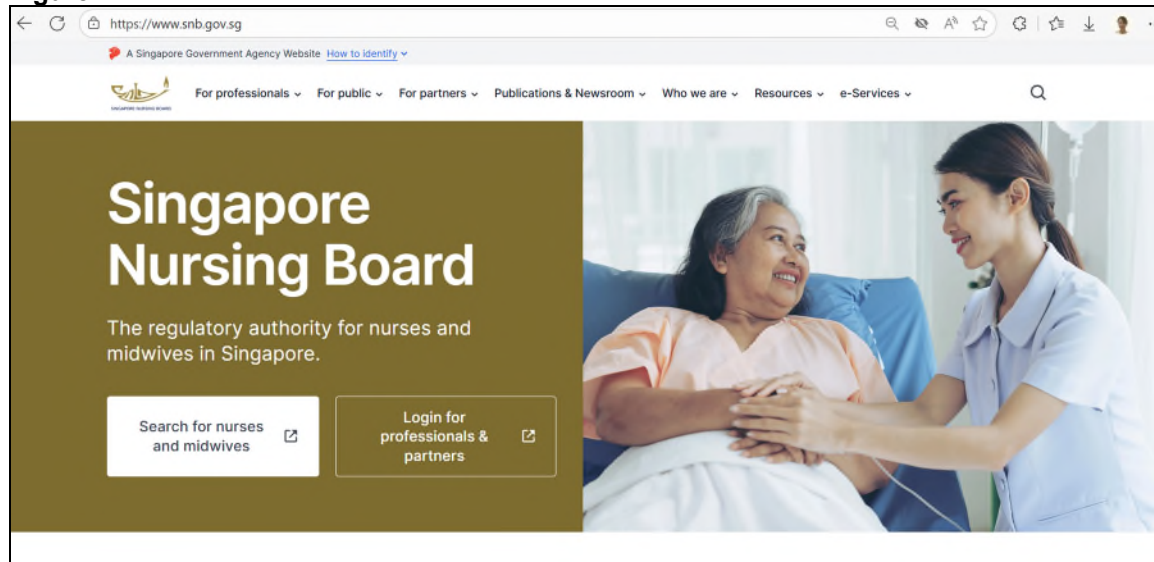
- APN: Advanced Practice Nurse
- HCP: Healthcare Professional
- HPE: Healthcare Professional Entity
- IE: Internet Explorer
- PC: Practising Certificate
- PRS: Professional Registration System
- RC: Registration Certificate
- RN: Registered Nurse
- SNB: Singapore Nursing Board

## 2. FUNCTIONS

### 2.1. Login to the PRS

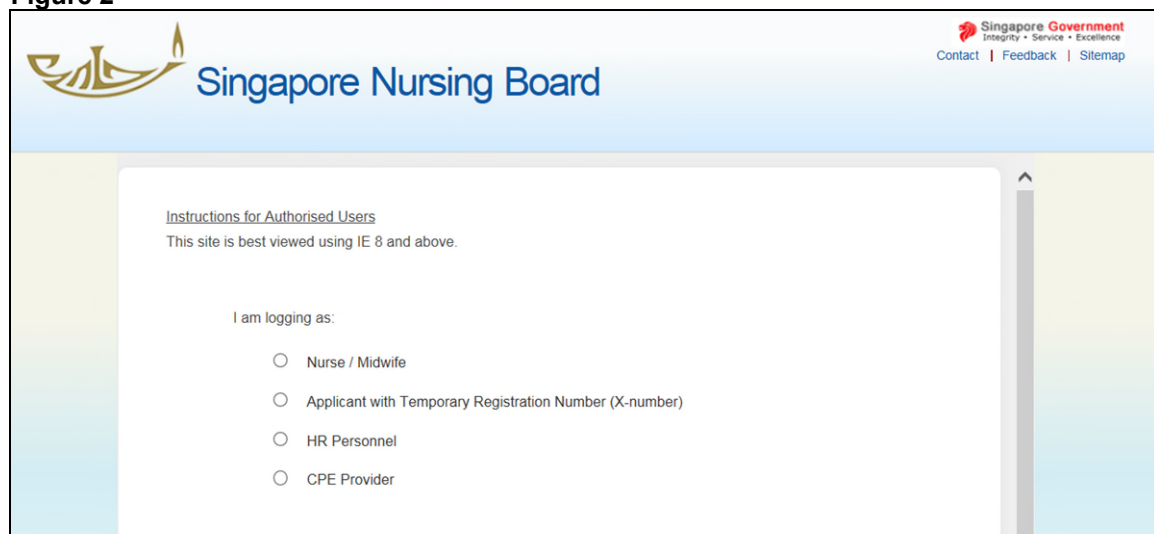
To access the PRS, click on the [\[Login for professionals & partners\]](#) button on the SNB's website (URL: <http://www.snb.gov.sg>).

Figure 1



Select "Nurse / Midwife" to log in.

Figure 2



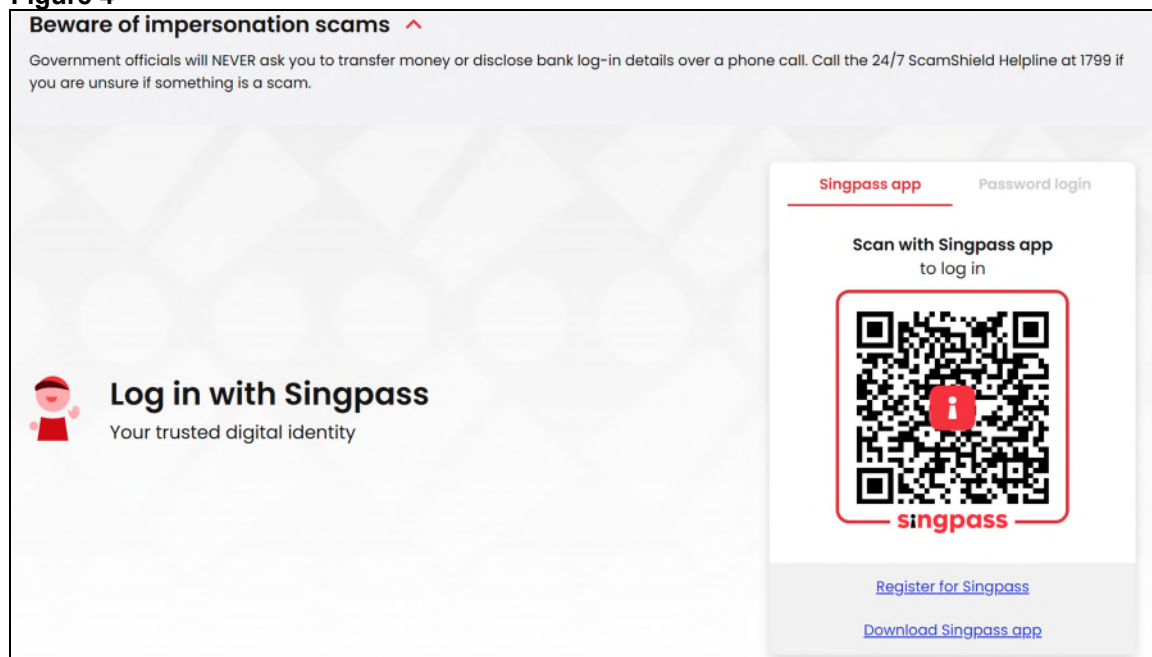
Click on the icon “For Individual Users Log in with Singpass”.

Figure 3



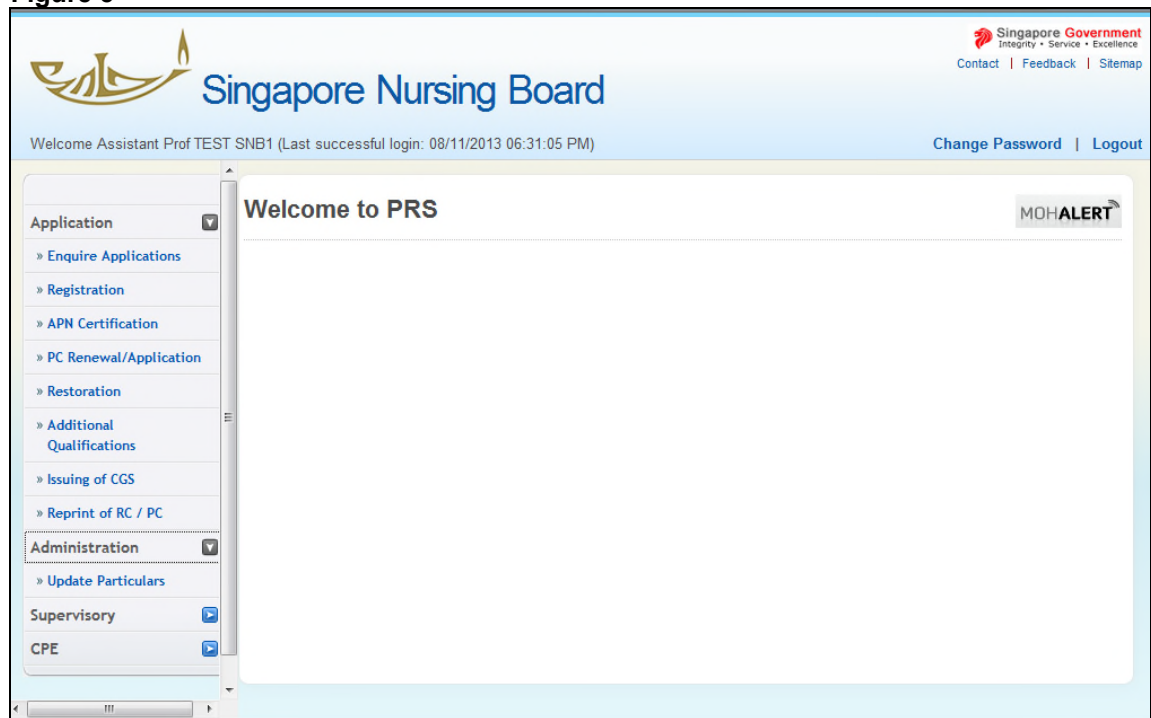
Scan the Singpass QR code with Singpass app.

Figure 4



Perform Singpass verification. Upon successful Singpass verification, the landing page will be displayed as follows:

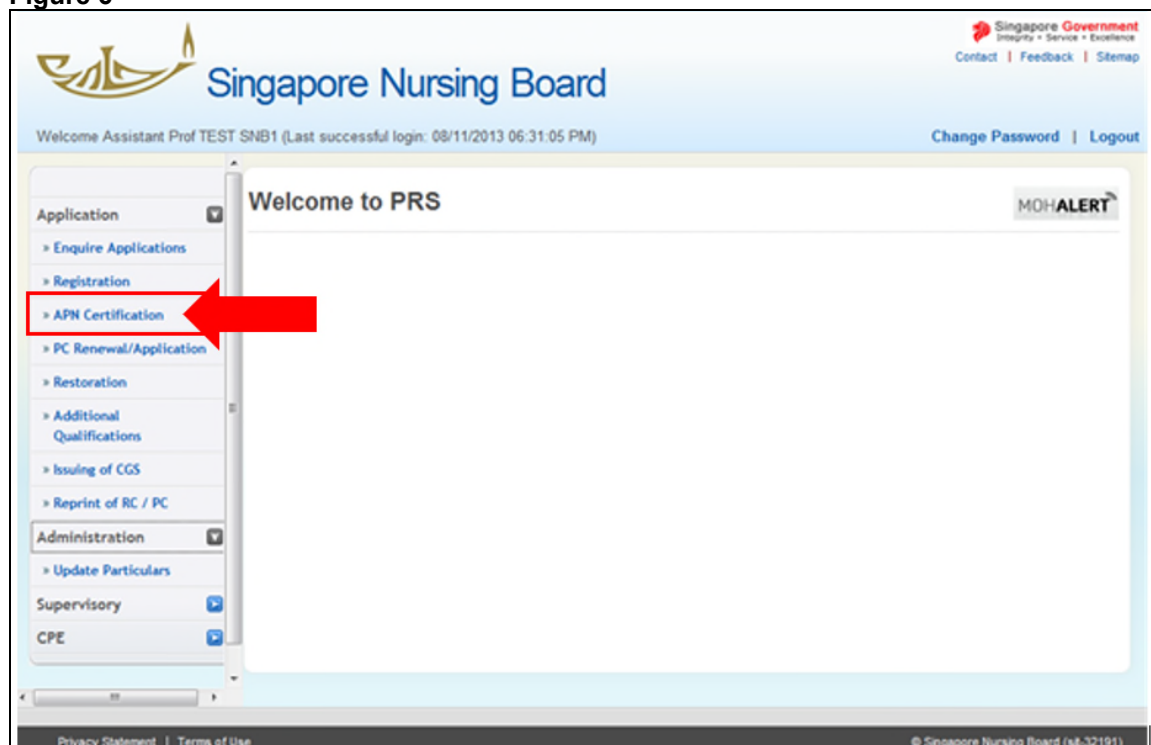
Figure 5



## 2.2. APN Application

At the menu, click on the [\[APN Certification\]](#) link and the first page of the APN application form will be displayed.

Figure 6



## APN – Personal page

Click on the [\[here\]](#) hyperlink to download the instructions before you proceed to complete the application form.

There are two sections:

- Accreditation Details
- Particulars of Applicant

Figure 7

The screenshot shows the 'APN - Personal' page with a navigation bar containing: APN - Personal, Qualifications, Clinical Practice, Documents, Declarations, Confirmation, Payment, and Acknowledgement. The page title is 'APN'. Below the title, there is a link to 'Click [here](#) for important Instructions for applying APN online.' and a note: 'Note: All Fields marked with asterisk (\*) are mandatory.' The 'Accreditation Details' section contains three dropdown menus: '\*Area of Practice' (value: --Select Here--), '\*Sub-discipline' (value: --Select Here--), and 'For Temporary Certification only: Purpose of Certification' (value: --Select Here--). The 'Particulars Of Applicant' section contains 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 are two buttons: 'Save' and 'Proceed'.

### Accreditation Details

Select the Area of Practice and Sub-discipline you are applying for. (Note: You do not need to select and indicate at the Purpose of Certification field.)

Figure 8

This screenshot is identical to Figure 7, showing the 'APN - Personal' page with the same navigation bar and page title. It focuses on the 'Accreditation Details' section, which contains three dropdown menus: '\*Area of Practice' (value: --Select Here--), '\*Sub-discipline' (value: --Select Here--), and 'For Temporary Certification only: Purpose of Certification' (value: --Select Here--). The 'Particulars Of Applicant' section and the 'Save' and 'Proceed' buttons are also visible.



### Particulars of Applicant

The fields will be pre-loaded with the last known information in the PRS, and they are read-only. To update your particulars, submit an Update Particulars application via the Update Particulars link at the menu.

To proceed to the Qualifications page, click on the [\[Proceed\]](#) button and the Qualification page will be displayed.

### Qualifications page

Tips:

- Click on the [\[APN - Personal\]](#) link at the top of the page to return to the previous page to make changes.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft from Enquire Applications at the menu.

There are four 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

[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](#)



### Nursing Qualification Obtained

This section allows you to enter information about any qualifications that you have that are relevant to the application.

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

**Figure 10**

Country	University / Institution	Qualification Type	Qualification	Programme Type	Course Duration	Year Obtained	Action
No Nursing Qualification added.							
<a href="#">Add Qualification</a>							

Complete the following fields:

- Country.
- University / Institution. If others, type the name of the University / Institution in the text box that appears.
- Qualification Type.
- Qualification. If others, type the name of the qualification in the text box that appears.
- Programme Type.
- Course Duration.
- Year Obtained.

Click on the [\[Save\]](#) button and the record will be added to the table.

Click on the [\[Cancel\]](#) button to close the window without saving any changes.

**Figure 11**

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"/>
<a href="#">Save</a> <a href="#">Cancel</a>	

### Advanced Practice Nurse Education Preparation

This section allows you to enter information about any APN Education Preparation Qualifications that you have that are relevant to the application.

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

**Figure 12**

Advanced Practice Nurse Education Preparation					
Country	University / Institution	Programme Name	Course Duration	Year Obtained	Action
No Advanced Practice Nurse Education Preparation added.					
<a href="#">Add Programme</a>					

Complete the following fields:

- Country.
- University / Institution. If others, type the name of the University / Institution in the text box that appears.

- Programme Name. If others, type the name of the programme in the text box that appears.
- Course Duration.
- Year Obtained.

Click on the **[Save]** button and the record will be added to the table.

Click on the **[Cancel]** button to close the window without saving any changes.

**Figure 13**

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**

#### License to practise as Nurse Practitioner/ Advanced Practice Nurse

This section allows you to enter your overseas licensing information you have obtained outside Singapore, if any.

Click on the **[Add License]** button. A pop-up window will appear.

**Figure 14**

**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**

Complete the following fields:

- Country of Licensure.
- Council/Board providing license to practise.
- License Type. If others, type the name of the licence type in the text box that appears.
- License No.
- License/ PC Expiry Date.
- Start Date.

Click on the **[Save]** button and the record will be added to the table.



Click on the **[Cancel]** button to close the window without saving any changes.

**Figure 15**

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.	<input type="text"/>
*License/ PC Expiry Date	<input type="text"/> dd/mm/yyyy 
Start Date	<input type="text"/> dd/mm/yyyy 

**Save** **Cancel**

### Certification as Nurse Practitioner/ Advanced Practice Nurse

This section allows you to provide information about the certification(s) you have obtained outside Singapore, if any.

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

**Figure 16**

Complete the following fields:

- Certification Country.
- Certification Type. If others, type the name of the certification type in the text box that appears.
- Certification Expiry Date.
- Start Date.

Click on the [\[Save\]](#) button and the record will be added to the table.

Click on the [\[Cancel\]](#) button to close the window without saving any changes.

**Figure 17**

To proceed to the Clinical Practice page, click on the [\[Proceed\]](#) button and the Clinical Practice page will be displayed.

### Clinical Practice page

Tips:

- Click on the [\[APN - Personal\]](#) link at the top of the page to return to the previous page to make changes.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft from Enquire Applications at the menu.

There are three sections:

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

Figure 18

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
--Select Here--

\*Appointment
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.						
<a href="#">Add Clinical Area</a>						

### Working Experience as Registered Nurse

Country	Institution / Hospital	Department	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							
<a href="#">Add RN Working Experience</a>							

### Working Experience as APN

Country	Institution / Hospital	Area of Practice	Designation	Responsibilities	Start Date	End Date	Action
No Working Experience added.							
<a href="#">Add APN Working Experience</a>							

### Current Practice Information

This section allows you to enter information about your current practice.

Complete the following fields:

- Institution / Clinic Name.
- Appointment. If others, type the appointment in the text box that appears.
- Employment Date.

Figure 19

**Current Practice Information**

\*Institution / Clinic Name
--Select Here--

\*Appointment
dd/mm/yyyy

### Practice Area for APN Internship / Supervisory Practice

This section allows you to enter information about your APN internship/ supervisory practice.

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

Figure 20

**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.						
<a href="#">Add Clinical Area</a>						

Note: If you are applying for APN internship, you only have to add your first clinical attachment/ posting.

Complete the following fields:

- Institution / Hospital. If others, type the name of the Institution / Hospital in the text box that appears.
- Practice Areas. If others, type the practice area(s) in the text box that appears.
- Supervisor Full Name.
- Supervisor Registration No.
- Supervisor Designation. If others, type the designation in the text box that appears.
- *Number of trainees supervised, exclude APN. (Not mandatory)*
- Ward / Clinic.
- Discipline / Types of cases.
- Capacity.
- Estimated Hrs per week spent.
- *No. of Other Specialists within ward/clinic who can assist with supervision. (Not mandatory)*
- *No. of Other Interns. (Not mandatory)*
- *Other Resources. (Not mandatory)*
- *Remarks. (Not mandatory)*

Click on the **[Save]** button and the record will be added to the table.

Click on the **[Cancel]** button to close the window without saving any changes.

**Figure 21**

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

**Practice Area for APN Internship / Supervisory Practice**

*Institution / Hospital	<input type="text"/>
*Practice Areas	--Select Here--
*Supervisor Full Name	<input type="text"/>
*Supervisor Registration No.	<input type="text"/>
*Supervisor Designation	--Select Here--
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"/>	(0/255)
*Discipline / Type of cases	<input type="text"/>	(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"/>	(0/500)
Remarks	<input type="text"/>	(0/500)

**Save** **Cancel**

### Working Experience as Registered Nurse

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

Click on the **[Add RN Working Experience]** button. A pop-up window will appear.

**Figure 22**

**Working Experience as Registered Nurse**

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

**Add RN Working Experience**



Note: Add your current/ latest RN working experience only. For past RN work experiences, add them to the SNB's CV Form and upload SNB's CV Form to the application as an attachment.

Complete the following details:

- Country.
- Name of Institution/ Organisation. If others, type the name of Institution/ Organisation in the text box that appears.
- *Department. (Not mandatory)*
- Designation. If others, type the designation in the text box that appears.
- Responsibilities.
- Start Date.
- *End Date. (Not mandatory)*



Click on the **[Save]** button and a record will be added to the table.

Click on the **[Cancel]** button to close the window without saving any changes.

**Figure 23**

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

**Working Experience as Registered Nurse**

*Country	--Select Here--
*Institution / Hospital	<input type="text"/>
Department	<input type="text"/>
Designation	--Select Here--
*Responsibilities	<input type="text"/>
*Start Date	dd/mm/yyyy 
End Date	dd/mm/yyyy 

**Save** **Cancel**

#### Work Experience as APN

This section allows you to enter information about your APN working experience if there is any. (Note: If you are applying for APN internship, you do not need to complete this section.)

Click on the **[Add APN Working Experience]** button. A pop-up window will appear.

**Figure 24**

**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**

Complete the following fields:

- Country.
- Institution / Hospital. If others, type the name of the Institution / Hospital in the text box that appears.
- Area of Practice. If others, type the area of practice in the text box that appears.
- Designation. If others, type the designation in the text box that appears. (Not mandatory)
- Responsibilities.
- Start Date.
- End Date. (Not mandatory)

Click on the **[Save]** button and a record will be added to the table.

Click on the **[Cancel]** button to close the window without saving any changes.

Figure 25

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

Save Cancel

To proceed to the Documents page, click on the **Proceed** button and the Documents page will be displayed.

### Documents page

Tips:

- Click on the **APN - Personal**, **Qualifications** or **Clinical Practice** link at the top of the page to return to the respective pages to make changes.
- Click on the **Save** button to save this application as a draft. You can retrieve the draft from Enquire Applications at the menu.

All mandatory documents must be uploaded before you can proceed to the next page.

Do take note of the restrictions when uploading the documents:

- 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.

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.

Figure 26

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	Recent Color Photograph against White Background		
*Upload Document	Choose File	No file chosen	Attach
Document Title	Colour scan copy of NRIC (front & back) or Work Pass (front & back), whichever is applicable		
*Upload Document	Choose File	No file chosen	Attach
Document Title	Colour scan copy of NUS Master of Nursing certificate		
*Upload Document	Choose File	No file chosen	Attach
Document Title	Colour scan copy of NUS Master of Nursing transcript		
*Upload Document	Choose File	No file chosen	Attach
Document Title	SNB CV Form		
*Upload Document	Choose File	No file chosen	Attach
Document Title	SNB Proposed APN Scope Form		
*Upload Document	Choose File	No file chosen	Attach

**Additional Documents**

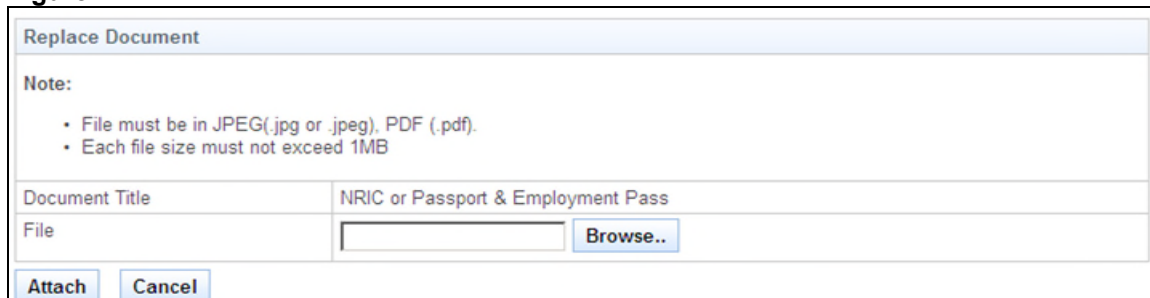
Document Title	--Select Here--		
File	Choose File	No file chosen	Attach



Click on the [\[Delete\]](#) link if you do not wish to include the uploaded document with your application.

Click on the [\[Replace\]](#) link if you wish to replace the uploaded document with another. A pop-up window will appear.

**Figure 27**



The screenshot shows a 'Replace Document' dialog box. It has a title bar 'Replace Document'. Below the title bar is a 'Note:' section with two bullet points: 'File must be in JPEG(.jpg or .jpeg), PDF (.pdf).' and 'Each file size must not exceed 1MB'. Below the note is a table with two columns: 'Document Title' and 'File'. The first row shows 'NRIC or Passport & Employment Pass' in the title column and a file selection interface in the file column. The file selection interface includes a text box, a 'Browse..' button, and an 'Attach' button. There is also a 'Cancel' button at the bottom left of the dialog box.

Document Title	File
NRIC or Passport & Employment Pass	<input type="text"/> <a href="#">Browse..</a>

[Attach](#) [Cancel](#)

Click on the [\[Proceed\]](#) button. If all mandatory documents are uploaded, the Declarations page will be displayed.

### Declarations Page

Tips:

- Click on the [\[APN - Personal\]](#), [\[Qualifications\]](#), [\[Clinical Practice\]](#) or [\[Documents\]](#) link at the top of the page to return to the respective pages to make changes.
- Click on the [\[Save\]](#) button to save this application as a draft. You can retrieve the draft from Enquire Applications at the menu.

It is mandatory to answer all the questions. If you answer "Yes" to any of the questions, you must provide further details in the text box that appears.

Tick the checkboxes to complete your declaration.

Figure 28

PC Renewal/Application - Update Particulars Form **Declarations** Confirmation Payment Acknowledgement

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 at the "Documents" tab, where applicable.

1	Have you been:
	a) convicted by any court of law whether in Singapore or elsewhere, of any offences?
	<input type="radio"/> No <input type="radio"/> Yes
	b) the subject of adverse finding(s) in proceedings before any professional body or tribunal whether in Singapore or elsewhere? <i>*excluding adverse finding(s) under the Nurses and Midwives Act of Singapore which SNB is already aware of</i>
	<input type="radio"/> No <input type="radio"/> Yes
2	Are you currently the subject of any proceedings, inquiry or investigation, by any authority/institution (including educational institution*), professional or regulatory body, licensing or health authority, the police, or any other law enforcement agency, in Singapore or elsewhere (but excludes proceedings, inquiry or investigation under the Nurses and Midwives Act of Singapore, which SNB is already aware of), the subject matter of which may give rise to concerns relating to professional misconduct, your professionalism and/or your behaviour which may affect your suitability and fitness to practise in the profession.  <i>*examples of concerns that could arise during your education include cheating, plagiarism, theft, falsifying documents, reports or records, assault, harassment and drug or sexual offences.</i>
	<input type="radio"/> No <input type="radio"/> Yes
3	Are you currently the subject of an inquiry or proceedings by a professional body, Health Authority or court of law in Singapore or elsewhere (excluding such inquiry or proceedings under the Nurses and Midwives Act of Singapore, which SNB is already aware of), involving or relating to any physical or mental illness suffered by you?
	<input type="radio"/> No <input type="radio"/> Yes
4	Do you have an ongoing health condition (including physical, mental or other health conditions) which may impair your fitness to practise as a registered healthcare professional? (Please read the <a href="#">important notes</a> before proceeding)  Note: Healthcare practitioners do not need to declare inactive or resolved health conditions which do not require further care and follow-up with a registered medical practitioner.
	<input type="radio"/> No <input type="radio"/> Yes
5	Have you NOT been practising as a Nurse/Midwife for the past 5 years in Singapore?
	<input type="radio"/> No <input type="radio"/> Yes
6	If you are performing Exposure Prone Procedures (EPP) ( <a href="#">Annexes</a> ), it is MOH's policy that you should know your BBD status due to the risk of transmission during such procedures. All healthcare workers who have been diagnosed with BBD should declare their status to their respective Professional Boards/ Councils. Healthcare workers with BBD should not perform EPP.
	a) Are you practising any exposure prone procedures (EPP)?
	<input type="radio"/> No <input type="radio"/> Yes
	b) Are you aware that you are a carrier of any blood-borne diseases (BBD) such as Hep B, Hep C or HIV? <i>(Please select "Yes" only if you are carrier of BBD)</i>
	<input type="radio"/> No <input type="radio"/> Yes

☐ I declare that the particulars stated in this application and the documents attached are true, correct and complete and the information contained herein remains true, correct and complete to date. I undertake to inform SNB of any data discrepancy (e.g. inaccurate/outdated data) and I am aware that I may be asked to provide more information to the SNB, if necessary. To the best of my knowledge and belief, I have not withheld any material fact.

☐ I acknowledge that the SNB reserves all rights to withhold registration or to remove my name from the appropriate register and/or take any action it deems fit, if any of the above information or documents tendered are subsequently found to be false. I am aware that I may be liable to be prosecuted under section 30(a) of the Nurses and Midwives Act (NMA) for knowingly making any false or fraudulent declaration or representation, whether in writing or otherwise to the SNB. I also understand and give my consent for the SNB to make any enquiries or to obtain any information & documents which it may require to verify my qualifications and fitness to practise.

☐ I acknowledge that the SNB reserves all rights to receive, collect and/or transmit the above personal data to other authorities or agencies if required to do so for the purpose of carrying out its duties under the Nurses and Midwives Act (NMA) and/or for compliance with any other Acts and subsidiary legislations. I also acknowledge that SNB is not liable for any damage or loss caused to me in the course of my using the Professional Registration System (PRS) due to data errors in the personal data I provide. The personal data collected will be kept in the strictest confidence and access restricted only to authorised persons. To safeguard all personal data, all electronic storage and transmission of personal data are secured through appropriate security technology.

☐ I agree to allow this application including all of the information contained, and declarations set out, in this application to be accessed by prospective employer.

[Save as Draft](#) [Proceed](#)

To proceed to the Confirmation page, click on the [\[Proceed\]](#) button and the Confirmation page will be displayed.

## Confirmation page

Tips:

- Click on the [\[APN - Personal\]](#), [\[Qualifications\]](#), [\[Clinical Practice\]](#), [\[Documents\]](#) or [\[Declarations\]](#) link at the top of the page to return to the respective pages to make changes.

The Confirmation page will display all the details you have entered for the application.

Figure 29

Once you have checked that the information and attachments are in order, click on the [\[Confirm\]](#) button and the Payment page will be displayed.

## Payment Page

Follow the on-screen instructions to make payment. Please do not close the browser when making payment.

Click on “Click to complete this transaction” to return to PRS. Once the payment transaction is successful, the Acknowledgement page will be displayed.

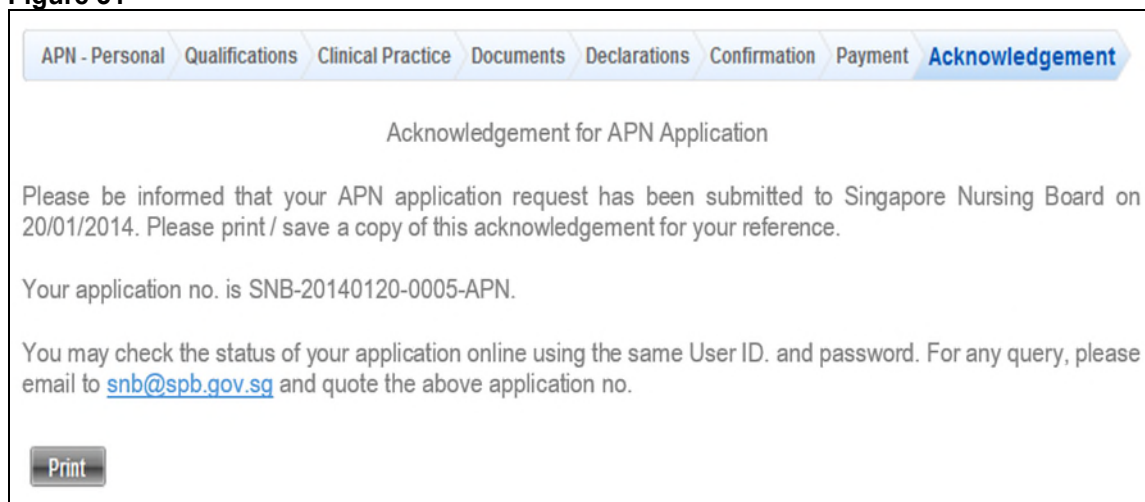
Figure 30

### Acknowledgement Page

Click on the [\[Print\]](#) button to print a copy of the acknowledgement page. A copy of the acknowledgement email will be sent to your preferred email address as saved in the PRS.

If you have any queries relating to the application, click on the [\[email\]](#) link to email your queries to SNB.

Figure 31



The screenshot shows a web application interface for the Acknowledgement page. At the top, there is a horizontal navigation bar with several tabs: 'APN - Personal', 'Qualifications', 'Clinical Practice', 'Documents', 'Declarations', 'Confirmation', 'Payment', and 'Acknowledgement'. The 'Acknowledgement' tab is currently selected and highlighted in blue. Below the navigation bar, the page title 'Acknowledgement for APN Application' is centered. The main content area contains the following text: '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.' followed by 'Your application no. is SNB-20140120-0005-APN.' and 'You may check the status of your application online using the same User ID. and password. For any query, please email to [snb@spb.gov.sg](mailto:snb@spb.gov.sg) and quote the above application no.' At the bottom left of the content area, there is a 'Print' button.