

CHECKLIST FOR VERIFICATION OF TRANSCRIPT (VOT) APPLICATION

NO	ITEMS	PLEASE TICK (✓) WHICH IS APPLICABLE		
		Yes	No	REMARKS
1	Use the correct VOR form BKJ-BOR-DAF/APC-05 Pin 1/2023	✓		
2	Required Documents			
2.1	A copy (1) of the Nurse Registration Certificate (Fifth Schedule)	✓		
2.2	A copy (1) certified academic transcript that includes details of theory and practical credit hours with CGPA.	✓		
3	Fee payment			
3.1	RM 30 for each registration confirmation	✓		
3.2	Payment method : Bank Draft or Money Order in the name of the: Secretary of the Malaysia Nursing Board	✓		
4	Prepaid Envelopes: Include an S or M sized POS MALAYSIA prepaid envelope self-addressed, with a tracking number slip (Consignment Note) to return the processed documents to the applicant		✓	
5	Sending documents in hard copy to Nursing Board/Council abroad. Please make a note on the application form for the purpose of sending the document and MNB will contact the applicant by email	✓		Please email VOR to Singapore Nursing Board directly at SNB_verifications@spb.gov.sg
6	Letter of representation to collect documents on behalf of the applicant at the Malaysia Nursing Board (Refer to Appendix A)		✓	
7	Application should be sent to: KEMENTERIAN KESIHATAN MALAYSIA Lembaga Jururawat Malaysia Aras 3, Block E7, Kompleks E, Presint 1, Pusat Pentadbiran Kerajaan Persekutuan 62590 PUTRAJAYA	✓		
8.	Any inquiries: Individual application : 03-88833561 Application through the agency : 03-88833553			



KEMENTERIAN KESIHATAN MALAYSIA
(Ministry Of Health Malaysia)
LEMBAGA JURURAWAT MALAYSIA
Aras 3, Blok E7, Kompleks E, Presint 1,
Pusat Pentadbiran Kerajaan Persekutuan,
62590 PUTRAJAYA
MALAYSIA



Telefon : 03-8000 8000
Website : <https://hq.moh.gov.my/nursing>

APPLICATION FOR VERIFICATION OF TRANSCRIPT (VOT)

Name: (As per NRIC or Passport)					
NRIC No:		Passport No:			
Registration No:		Date of Registration:			
Email address:		Mobile Phone Number			
Applicant's Mailing Address: (In Malaysia)					
The full address and Email address of the intended place of registration (Nursing Board / Council abroad):		SNB_verifications@spb.gov.sg Registrar, Singapore Nursing Board c/o Secretariat of healthcare Professional Boards (SPB) (81 Kim Keat Road #10-00 Singapore 328836)			
Please tick (✓) Verification of Transcript		Registration No	Training Institution	Training Period	Payment RM 30.00 / each
<input type="checkbox"/> PHD					RM
<input type="checkbox"/> Master					RM
<input type="checkbox"/> Bachelor					RM
<input type="checkbox"/> Diploma					RM
<input type="checkbox"/> Midwife					RM
<input type="checkbox"/> Post Basic					RM
				Total Payment	RM
Mode of Collecting Document:		Please tick (✓) which is applicable By Post <input checked="" type="checkbox"/> Self-Collect <input type="checkbox"/> Representative <input type="checkbox"/>			
Hard copies to send to Nursing Boards / Council abroad : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Date:		**Preferably email to Singapore Nursing Board (SNB_verifications@spb.gov.sg) Signature of Applicant:			

Note: Please email VOT to Singapore Nursing Board directly at SNB_verifications@spb.gov.sg via relevant authority's official email. The sender needs to include full name and designation and documents must be sent via the institution's official email account. (Non-official email accounts such as gmail, Yahoo mail, etc. will not be accepted.)