**ELIGIBILITY CERTIFICATION OF (2020)**

 **SNLE - SDLE - SMLE - SPLE**



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|   **This completed form must be received by SCFHS foe each application submitted.** **The application process is not complete without this form** Student name:  National/Residence ID#: Type of Examination: * Saudi Medical licensure Examination (SMLE)
* Saudi Dental licensure Examination (SDLE)
* Saudi Nursing licensure Examination (SNLE)
* Saudi Pharmacist licensure Examination (SPLE)
* Student in ……………………………. Year

OR* Intern – Period from …………. to ……………
* Graduation year (e.g. 2020) 2020

  I certify that this student is currently enrolled in the University/ College and is eligible to register for the examination stated above.

|  |  |
| --- | --- |
| Printed Name of Dean Or Designee | Prof. Mohammed bin Yahya Arishi |
| Name of Dean or Designee |  |
| Name of University/College | Jazan University – College of Nursing |
| City/Branch ( if applicable) |  Jazan |

  OFFICIAL STAMP Date : 16/12/2020Mock test score for student training and preparation only and cannot be used for any other purposes.Mock test attempts are unlimited at any study year. |