To,

Nursing & Midwifery Board of Ireland (NMBI),

Overseas Registration Department,

18/20 Carysfort Avenue, Blackrock,

Co. Dublin, A94 R299 - Ireland

To Whom It May Concern,

I, NAME\_OF\_PRINCIPAL, the Principal of COLLEGE\_NAME hereby certify that I have processed the NMBI qualification form as requested by

Name: CANDIDATE\_NAME

Email Address: CANDIDATE\_EMAIL(SAME ID THAT YOU REG. WITH NMBI)

Please be informed that the official email address of COLLEGE\_NAME is COLLEGE\_EMAIL\_ID and the official email address of the principal of COLLEGE\_NAME is PRINCIPAL’S\_EMAIL\_ID

Do not hesitate to contact me on the aforementioned email for any further information.

Sincerely,

(Principal’s Sign)