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\_THE\_SIGNATORY, the SIGNATORY’S\_DESIGNATION of HOSPITAL\_NAME hereby certify that I have completed the NMBI employment 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 the HOSPITAL\_NAME is HOSPITAL\_EMAIL\_ID and my official email address is SIGNATORY’\_EMAIL\_ID

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

Sincerely,

Signatory’s Name & Designation

(Signatory’s Sign)