Certification of Eligibility

الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Applicant Name	
National/Residence ID	
Applicant Type	☐ Last year student.
	☑ Intern – Period from .... to ....

Type of Examination:

☐ Saudi Medical Licensure Examination (SMLE).

☐ Saudi Dental Licensure Examination (SDLE).

☐ Saudi Nursing Licensure Examination (SNLE).

☐ Saudi Pharmacist Licensure Examination (SPLE).

☐ Saudi Laboratory Licensure Examination (SLLE).

☐ Saudi Respiratory Care Licensure Examination (SRCLE).

☐ Saudi Radiologic Technologist Licensure Examination (SRTLE).

☐ Saudi Clinical Nutrition Licensure Examination (SCNLE).

☑ Saudi Public Health Licensure Examination (SPHLE).

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	
Signature of Dean or Designee	
University/ College	

OFFICIAL STAMP   Date: ....

This completed form must be received by the SCFHS for each application submitted. The application process is not complete without this form.

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