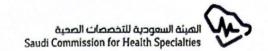
Certification of Eligibility



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