



מינהל הסיעוד
Nursing Division

משרד
הבריאות
נחיים בריאים יותר

Ministry of Health- Nursing Division

In order to establish your professional nursing status, please provide the full extent of your curriculum of nursing study and training.

Instructions: Fill out Part I of this form. Forward Part II to be completed by an official of your school of nursing who will then send it directly to the Nursing Division, Ministry of Health, Israel.

or hasmacha.hull@moh.gov.il

*PART I

***Answers are required for each questions marked by (*)**

NAME AND ADDRESS:

Name: _____
First/Given Name Middle Name Family Name/Surname

Maiden Name: _____

Mailing Address: _____

Date of Birth: _____ Marital Status: S M W D
Month Day Year

Israeli ID number: _____

GENERAL EDUCATION:

Years of Primary Schooling: _____ Years of Secondary Schooling: _____

Total Years of Schooling before Nursing School: _____

Year finished Secondary School: _____

NURSE TRAINING:

Name and Address of School of Nursing: _____

Date Entered: _____ Date Graduated: _____

Awarded: Diploma Certificate Academic Degree

Give full name of award: _____

Check which of the following areas of nursing **theory** and **practice** were included in your nursing curriculum:

Medical Surgical Obstetric Pediatric Psychiatric Public Health

Note: If you attended more than one school to study these 6 areas of nursing, photocopy Part II of this form and send a copy to each school.



NURSING LICENCE:

*Give the full title of your occupation as it appears on your Nursing License:

Did you pass an examination to get this license? Yes No

ADVANCED TRAINING:

Subject: _____ Length of Course: _____

Signature of Applicant: _____

***PART II**

***Answers are required for each questions marked by (*)**

This part must be completed by **the Director, Registrar or Chief Nurse of the School of Nursing and returned directly to: Nursing Division, Ministry of Health, 39 Jeremiah street' Jerusalem, Israel, 9446724 or hasmacha.hull@moh.gov.il**

Name of Student: _____

Name of School of Nursing:

Address of School of Nursing:

E-mail Address of School of Nursing:

Date Student Admitted: _____ Date Graduated: _____
Month Year Month Year

Length of the studies (how many semesters) _____

Passing grade _____ out of _____

Number of failures permitted during the studies _____

Student's total years of schooling before nursing school: _____

Detailed Curriculum --- see Page 3



*** Please state here the key for converting timetable (clock) hours of theoretical study and clinical experience to credit points.**

One credit point = ____ hours of theoretical study

One credit point = ____ hours of clinical practice

One credit point = ____ hours of simulation\lab experience

***Please state here the total number of timetable hours for each of the following components:**

____ hours of theoretical study

____ hours of clinical practice\bed side practice

____ hours of simulation\lab experience

***Please state here if the studies were On- line \distance\E- learning?**

Yes NO

If stated “yes” please state for how long (the total number of timetable hours)_____

*** Please explain which topics\subjects has been studied on line\ distance\ e- learning:**

Clinical nursing studies

***answers are required for each questions marked by (*)**



DETAILED CURRICULUM --- THEORY AND PRACTICE

Please provide specific theory and clinical timetable hours for all nursing domains and subject listed below. **Do not** combine the nursing domains or subject areas/ if they combined in your curriculum please state an estimation of the theory and clinical hours in each nursing domain: Don't leave any blanks enter N/A if not applicable

***answers are required for each questions marked by (*)**

Subject Area	Topic	Timetable (Clock) Hours	
		*Theory (class) hours <u>attained</u>	*Clinical practice (bed side) hours <u>attained (do not include lab\simulation)</u>
Social Sciences	Intro. to Sociology		
	Intro. to Anthropology		
	Intro. to Health Economics		
	Intro. to Management		
Behavioral Sciences	Intro. to Psychology		
	Social Psychology		
	Developmental Psychology		
Life Sciences	Chemistry and Biochemistry		
	Anatomy and Physiology		
	Nutrition and Dietetics		
	Microbiology		
	Genetics		
	Pharmacology		
	Histology		
General Studies	Statistical Methods		
	Research		
	Intro. to Computers		
	Scientific Writing		
*Basics of Health and Morbidity	Nursing Theories and Strategies		
	Basic Concepts of Health		
	Levels of Prevention		
	Environmental Health		
	Family Health		
	Intro. to Epidemiology		
	Acute & Chronic Health Problems		
	Intro. to Gerontology		
	Basic Mental Health Concepts		
*Basics of Nursing Intervention	The Problem-Solving Process in Nursing		
	Communications & Interviewing		
	Instructing /Advising Patients		
	Coping with Crises, incl. Palliative Care		
	Clinical Skills & Exceptional Procedures		
*Professional Issues	History of Nursing & Professionalization		
	Quality Assurance & Risk Management		
	Law, Ethics & Codes of Ethics		
*Nursing	Adult medical Nursing		
	Adult surgical Nursing		
	Adult & Elderly Nursing		
	Pediatric Nursing		
	Obstetric & Gynecological Nursing		
	Public Health & Community Nursing		
	Mental Health & Psychiatric Nursing		
	First Aid & Traumatology		
*Total			



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* Clinical Studies		Date of Clinical Practice (d\m\y- d\m\y)	Total Clinical practice (Bed side) hours <u>attained</u>	Name and Place of the clinical field(ward)	Date of Simulation (d\m\y- d\m\y)	Total simulation\ lab hours <u>attained</u>
	Adult Nursing (Medical)					
	Adult Nursing (Surgical)					
	Adult & Elderly Nursing Geriatrics					
	Pediatric Nursing					
	Obstetric & Gynecological Nursing					
	Public Health & Community Nursing					
	Mental Health & Psychiatric Nursing					
	First Aid & Traumatology					
	Advance Training					
	Other Training					
*Total						

*Full Name of Signatory: _____

*Stamp/Seal

*Signature: _____

*Title: _____

*Date: _____

*Email: _____

Telephone number: _____