

## Certification of Eligibility

الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties



Applicant Name	
National/Residence ID	
Applicant Type	<input type="checkbox"/> Last year student.
	<input type="checkbox"/> 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	<b>Dr. Hassan Awadh Alshamrani</b>
Signature of Dean or Designee	
University/ College	<b>Najran University/ College of Applied Medical Sciences</b>

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.

