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JOURNAL OF NURSING REGULATION

Advancing Nursing Excellence for Public Protection

A Global Profile of Nursing Regulation, Education, and Practice

National Council of State Boards of Nursing



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A Global Profile of Nursing Regulation, Education, and Practice

National Council of State Boards of Nursing

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*Advancing nursing excellence
for public protection*

Mission

The *Journal of Nursing Regulation* provides a worldwide forum for sharing research, evidence-based practice, and innovative strategies and solutions related to nursing regulation, with the ultimate goal of safeguarding the public. The journal maintains and promotes National Council of State Boards of Nursing's (NCSBN's) values of integrity, accountability, quality, vision, and collaboration in meeting readers' knowledge needs.

Manuscript Information

The *Journal of Nursing Regulation* accepts timely articles that may advance the science of nursing regulation, promote the mission and vision of NCSBN, and enhance communication and collaboration among nurse regulators, educators, practitioners, and the scientific community. Manuscripts must be original and must not have been nor will be submitted elsewhere for publication. See www.journalofnursingregulation.com for author guidelines and manuscript submission information.

Letters to the Editor

Send to Maryann Alexander at malexander@ncsbn.org.

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A Global Profile of Nursing Regulation, Education, and Practice

Keywords: Nursing regulation, nursing education and practice, nursing regulation worldwide, Global Regulatory Atlas

From its inception, nursing has been a global profession. Nurses have cared for patients in their respective countries and traversed the planet to provide care where needed. The World Health Organization (WHO) has designated 2020—the bicentennial of Florence Nightingale’s birth—as the “Year of the Nurse and Midwife.” Nightingale embodied the cosmopolitanism that still infuses the nursing profession. By the age of 34 years, Florence was internationally famous for her service in Turkey as part of the British Army’s employment of female nurses during the Crimean War. Nightingale and her fellow nurses practiced in the crosshairs of this flashpoint far beyond the confines of Victorian society traditionally placed on women and introduced hospital reforms and regulations. As we reflect on the 200 years that elapsed since the advent of modern nursing, the National Council of State Boards of Nursing (NCSBN) reaffirms its commitment to regulatory excellence by forging the Global Profile of Nursing Regulation, Education, and Practice, an innovative initiative for information sharing and data collection among nurse regulators worldwide.

The Global Regulatory Atlas

In fall 2016, NCSBN hosted the landmark Regulation 2030 Conference. Regulation 2030 brought together nursing regulators and leaders from eight countries, nursing professional organizations, the Federation of State Medical Boards, the U.S. Federal Trade Commission, the Organization of Economic Cooperation and Development, and other groups. These attendees were tasked with mapping the future of nursing regulation in the following categories: (a) governance, (b) processes, (c) licensure and registration, (d) workforce, (e) education, (f) fitness for practice, and (g) technology.

The Regulation 2030 Conference identified data, collaboration, and standardization as major thematic requirements that would enable the evolution of nursing regulation. Specifically, participants imagined the harmonization of regulatory processes around the world, including the optimized capture and sharing of data across nations and continents.

As a step toward future outcomes, and keeping with the recognition of data sharing, collaboration, and standardization as keys to delivering those outcomes, NCSBN determined that there was no efficient method for comparing the governance and processes by which nurses are regulated around the world. Therefore, a single resource containing data on the state of nursing regulation in each country that was digital, searchable, and allowed easy comparison across jurisdictions was needed. This resource ultimately became known as the *Global Regulatory Atlas*. This special issue, “Global Profile of Nursing Regulation, Education, and Practice,” summarizes the rich data contained within *Global Regulatory Atlas* into an enlightening anthology that captures the similarities, differences and details of nursing around the world. A Glossary of frequently used terms in the Atlas and in this report is included in Appendix A.

This data is presented in two parts. Part I reports data and findings from a global perspective. Part II reports this data from a regional perspective. *Note that some jurisdictions or regions do not have data listed in every category for various reasons, including that the data were not available or collected and documented in their region.*

Data Collection

The data and findings in this special issue are based on data collected while developing the *Global Regulatory Atlas*. Between November 2017 and February 2019, data were compiled from the following 320 jurisdictions:

- 12 Canadian provinces and territories (the Northwest territories and Nunavut share a regulatory body and are treated as a single entity in this profile)
- 56 United States (including 50 states, 5 territories, and the District of Columbia)
- Mexico
- 5 Central American nations
- 24 Caribbean jurisdictions
- 36 South American jurisdictions (including Brazil’s 26 states and its Federal District)
- 7 Nordic countries
- 22 Western and Central European nations

- 18 Eastern European countries
- 17 Middle Eastern nations
- 43 African countries
- 37 India (including 28 states and 9 territories, some governed jointly)
- 10 Central Asian nations
- 6 China and 5 other East Asian nations
- 11 Southeast Asian countries
- 15 Australia and 14 other nations in Oceania¹

If jurisdictions or subjurisdictions were not counted in the numbers above, it is because they are regulated as part of another jurisdiction or insufficient data were available for analysis (Appendix B).

A 43-item questionnaire was developed and sent to the above 320 jurisdictions worldwide, covering subject matter such as the composition of the jurisdiction's nursing regulatory body, the nursing registry, the different types of nurses the jurisdiction recognizes, the process for becoming authorized to practice (or continue practicing), nursing education, and the disciplinary process. The complete questionnaire can be found in Appendix D.

¹ The specific nations included in each region are listed in the "Global Metrics by Region" section of this Report. For purposes of this analysis, the Northwest Territories and Nunavut in Canada shall be considered one jurisdiction.

Global View of Regulatory Atlas Data

Regulation and Governance

Even before Nightingale, religious sisterhoods introduced nursing regulation in the mid-19th century by instituting female matrons in hospitals and empowering them with authority over training programs, nurses, and female servants.² As a regulated profession, nursing is governed by a set of laws and rules that outline the core tenets of nursing practice, which include (a) profession entry requirements; (b) how nurses are authorized to practice; (c) what nurses are allowed to do; (d) whether continuing competence must be demonstrated and with what frequency; (e) which actions warrant discipline and the nature of that discipline; and (f) any other requirements deemed necessary to protect the public. This section presents an overview of the types of the governing bodies managing nursing regulation worldwide, their responsibilities and mandates and the composition and qualifications of their members.

Nursing Regulatory Bodies

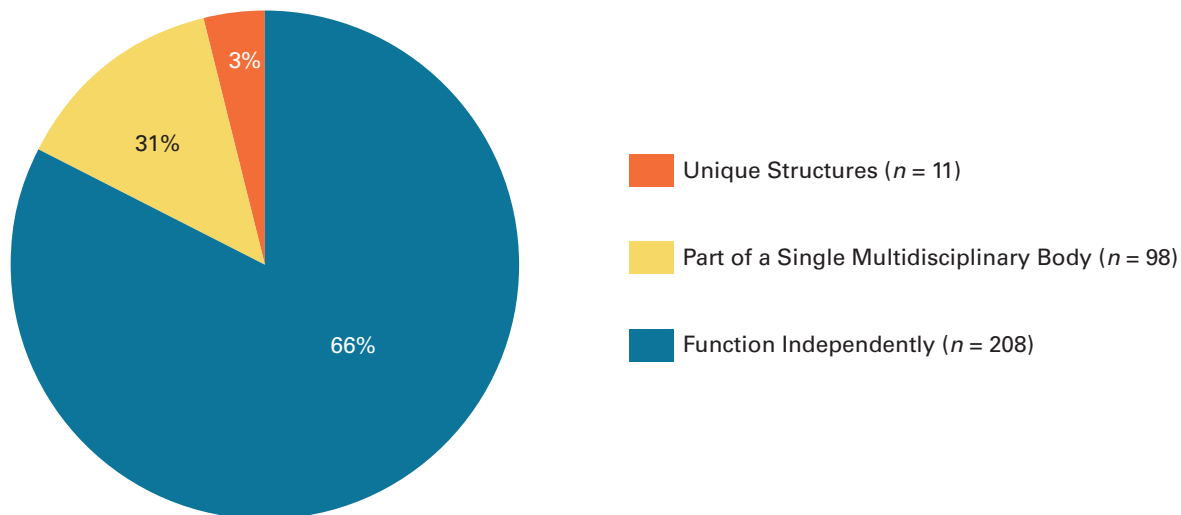
Regulations and governing of the practice of nursing are managed by regulatory bodies. These may be independent nursing bodies consisting primarily of nurses, or these may be larger government agencies that also oversee other healthcare professions.

The majority of jurisdictions (97%, $n = 312$) have a law or set of laws that regulate or govern nurses. Only eight (3%) indicated that such regulation is not placed in any statute or law.

Nearly all jurisdictions have some form of official regulatory body that oversees nurses.³ Of the 317 jurisdictions with a nursing regulatory body (NRB), the majority (66%, $n = 208$) strictly govern nursing and are referred to as “independent bodies” throughout the Global Profile (Figure 1). Another 31% ($n = 98$) of jurisdictions are part of a larger agency. This includes departments such as the Ministry of Tourism, Public Health, and Sports (Aruba); the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (Austria); or the Federal Public Service of Health, Food Chain Safety and Environment (Belgium).⁴ The remainder of regulatory bodies have unique structures that do not fall into either category.

FIGURE 1

Nursing Regulatory Bodies Worldwide ($N = 317$)



² Early examples include the religious sisterhood at St. John's House in England, founded in 1848, which assumed responsibility for the nursing service of King's College Hospital in 1855 and Charing Cross Hospital in 1866. See Wildman, S., & Hewison, A. (2009). Rediscovering a history of nursing management: From Nightingale to the modern matron. *International Journal of Nursing Studies*, 46, 1650–1661.

³ Three do not: The countries of Georgia, Mongolia, and Togo (though Togo is currently in the process of forming such a body).

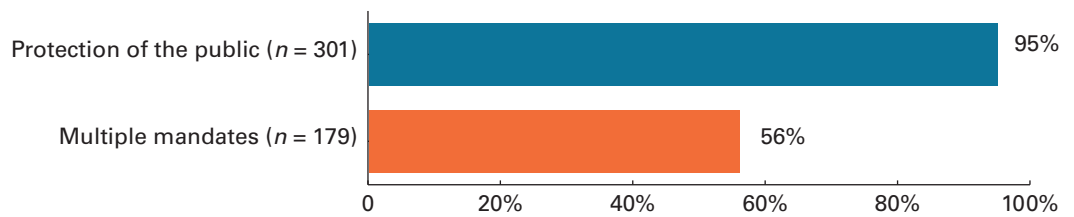
⁴ Other examples of healthcare-related (but not necessarily healthcare-exclusive) multidisciplinary bodies include the Ministry of Health and Social Security (Cape Verde); the Ministry of Health and the Interior (Faroe Islands); the Ministry of Public Health and Social Assistance (Guatemala); the Ministry of Health, Labour and Welfare, Nursing Policy Division (Japan); the Department of Health and Social Affairs (Monaco); the Ministry of Health, Welfare and Sport (Netherlands); and the Ministry of Public Health and Social Welfare (Paraguay).

NRB Mandates

The majority of NRBs included in this report (95%, $n = 301$) describe their mandate as the protection of the public (Figure 2), although many (56%, $n = 179$) have multiple mandates. Other mandates of regulatory bodies also promote the nursing profession (53%, $n = 167$) while roughly a quarter also deal with workforce and labor issues (26%, $n = 81$).

FIGURE 2

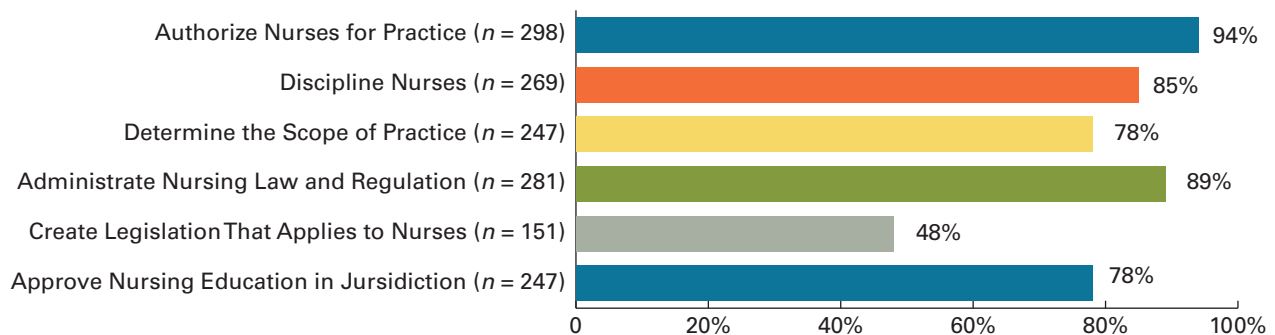
Nursing Regulatory Body Mandates ($N = 372$)



As illustrated in Figure 3, the most common governance responsibility is the power to authorize nurses for practice (94%, $n = 298$). NRBs are also responsible for the administration of nursing law and regulation (89%, $n = 281$). Nearly half (48%, $n = 151$) also play some part in the process of creating legislation that applies to nurses. NRBs are also commonly authorized to discipline nurses (85%, $n = 269$) and to determine the scope of practice for the nurses in their jurisdiction (78%, $n = 247$).

FIGURE 3

Governance Powers of Nursing Regulatory Bodies ($N = 317$)



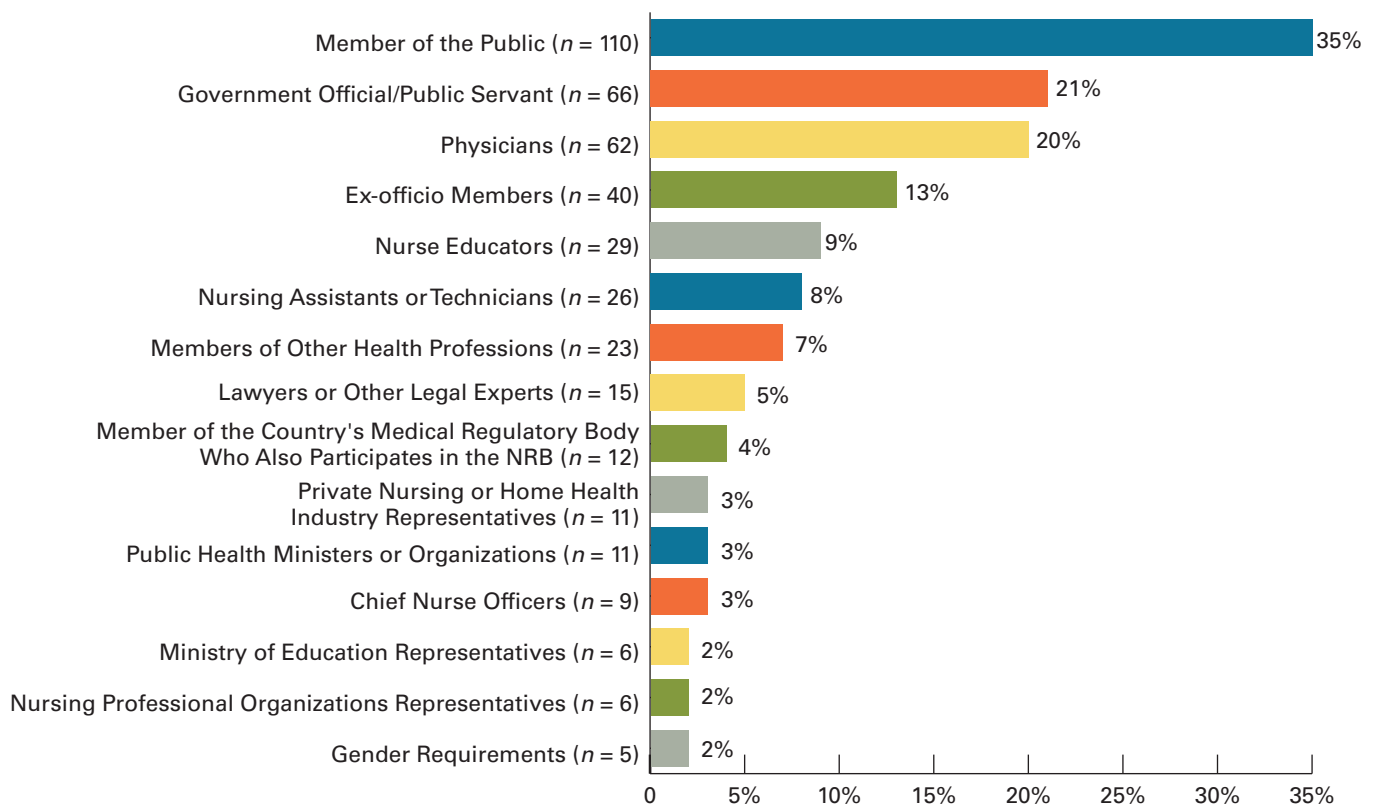
Composition and Qualifications of NRB

The mean size of nursing regulatory bodies is 17 members, with a median of 13 members. Manipur, India, has the smallest regulatory body with only two members. Portugal has the largest regulatory body with 153 members.

Of the jurisdictions with an NRB, 184 (58%) specify prerequisites or qualifications an individual must have to serve on that body (Figure 4). The most common requirement is that each position on the regulatory body must be held by someone with a specific role or specific expertise. Members of the public who are not part of the nursing profession are commonly required to fill at least one or more positions on the NRB. More than one third (35%, $n = 110$) of regulatory bodies have a member of the public serving on the NRB. Sixty-six jurisdictions (21%) are statutorily required to include at least one government official or public servant, such as a representative from the ministry of health. Physicians are involved in the NRB in 62 jurisdictions (20%) worldwide. Forty regulatory bodies (13%) include ex-officio members in their regulatory body proceedings and 35 (11%) specify that a midwife must be included in the regulatory body.

FIGURE 4

Qualifications for Nursing Regulatory Body Members (N = 184)



Note. NRB = nursing regulatory body.

Other roles often required on NRBs are nurse educators (9%, n = 29), nursing assistants or technicians (8%, n = 26), members of other health professions (7%, n = 23), lawyers or other legal experts (5%, n = 15), a member of the country's medical regulatory body who also participates in the NRB (4%, n = 12), representatives from the private nursing or home health industry (3%, n = 11), public health ministers or organizations (3%, n = 11), chief nurse officers (3%, n = 9), representatives from the Ministry of Education (2%, n = 6), and representatives from nursing professional organizations (2%, n = 6).

Two percent (n = 5) of all jurisdictions included gender requirements for their members. Kenya stipulates that “the Council must reflect the regional and other diversities of the people of Kenya and not have more than two-thirds of the members be of the same gender.” French regions, such as Martinique and French Guiana, require their regulatory bodies comprise members of different sexes—in keeping with France's laws on gender equality since 1999.⁵ In Bihar, India, one of the two registered medical practitioners on the NRB must be a woman. Two of the three non-officials sitting on the board must also be women. Madhya Pradesh, India, mandates that at least one male nurse serve among the three members of its Council elected by registered nurses (RNs). In the United States, Iowa mandates that its regulatory body be party- and gender-balanced.

Apart from specifications that NRB members must hold a certain citizenship or be of a specific nationality (13%, n = 40), live in a specific area (5%, n = 17), or hold a specific type of nurse license (6%, n = 18), most other requirements concern the character and expertise of the members. Twenty-eight jurisdictions (9%) require NRB members to have active nursing licenses, and nearly as many (n = 27) specify a certain number of years in the field as a prerequisite for serving. Twenty-one jurisdictions (7%) specify that members cannot have legal disputes or cases in progress. Eighteen jurisdictions (6%) require a certain level of education in order to be eligible to serve, and fifteen require that the members be in good standing or of good moral character. Thirteen jurisdictions (4%) mention political affiliations of members. In China, for example, nursing council members must “adhere to the outstanding Chinese Communist Party's line, principles, policies, and political quality.”

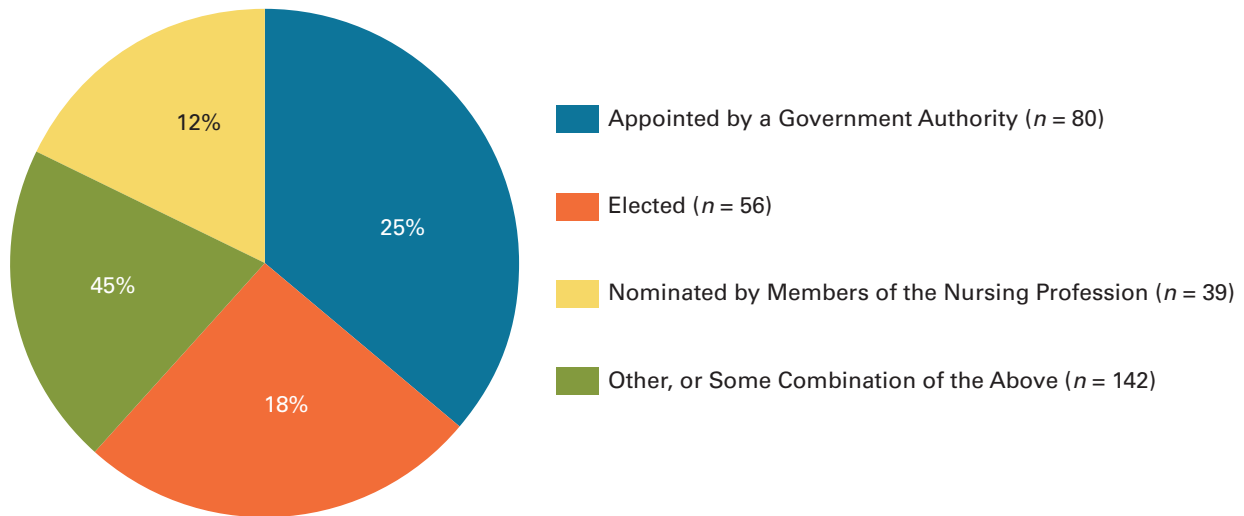
The method used to select members for the regulatory body varies worldwide (Figure 5). In 80 jurisdictions (25%), NRB members are appointed by a government authority. Fifty-six jurisdictions (18%) elect these officials, while in 39 jurisdictions (12%), officials are

⁵ See European Parliament, Directorate General for Internal Policies (2011). *Electoral Gender Quota Systems and Their Implementation in Europe*. https://www.ndi.org/sites/default/files/Electoral%20Gender%20Quota%20Systems%20and%20Implem_Europe.pdf

nominated by members of the nursing profession, then subject to approval by the government. In many of the remaining jurisdictions, officials serving on the regulatory body are selected via a combination of these methods. For example, nurse positions on the regulatory body may be nominated, while the non-nurse positions may be appointed.

FIGURE 5

Nursing Regulatory Bodies Selection Methods



Licensure and Registration Requirements to Practice

Data on nursing licensure and the various requirements to practice and legislation in each jurisdiction, including how to obtain authorization to practice, are presented in this section. Additionally, data on mobility of the nursing workforce and compacts and mutual agreements are discussed.

Authorization to Practice

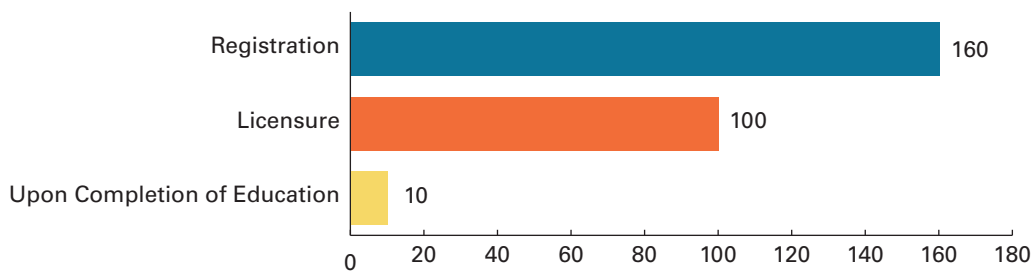
As reflected in Figure 6, half (50%, $n = 160$) of the 320 jurisdictions authorize nurses to practice via registration, while 31% ($n = 100$) license nurses to authorize them to practice. In 6 jurisdictions, no registration or licensure is necessary (Argentina, Armenia, Cape Verde [Cabo Verde], Georgia, Mauritius, and Togo); general (or registered) nurses are considered authorized to practice when they complete their education. Seven jurisdictions (Burkina Faso, Gabon, Mauritania, Mauritius, Niger, Papua New Guinea, and Uzbekistan) consider midwives authorized to practice when they complete their education. Quebec, Canada, considers nurse practitioners authorized to practice when they complete their education.

The 16 Middle Eastern jurisdictions are split as to how they grant practice authorization to the nursing profession.⁶ Four countries grant authority to practice via registration. The remaining jurisdictions are divided evenly between NRBs that grant authority to practice by both license and registration and NRBs that allow professional practice by certification or after successful completion of training and education.

⁶ For the purposes of this report, Middle Eastern jurisdictions consisted of Armenia, Azerbaijan, Bahrain, Georgia, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, and Yemen. As Cyprus is a member of the European Union, analysis of Eastern Europe included Cyprus for jurisdictional convenience.

FIGURE 6

Jurisdictional Methods of Authorization to Practice (N = 320)



A common practice throughout the world is to compile a nurse register, or roll, which is a list or database of every nurse currently authorized in a jurisdiction. Many NRBs (73%, *n* = 233) make this register available to the public. Providing the register publicly may entail posting it online, publishing it in an official publication of the jurisdiction (eg, a national gazette), or providing a physical copy at the NRB office.

Most of Western and Central Europe maintain an online, public database or registry of nursing professionals. This includes Austria, Belgium, the Czech Republic, France, Germany, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Slovenia, Spain, Switzerland, and the United Kingdom.

Currently, Andorra, Liechtenstein, Malta, and Slovakia only provide the public with access to a physical database, such as a newspaper, stored at the Ministry of Health’s headquarters. Data are not available as to whether a physical database is accessible in Monaco or San Marino. Poland and Portugal restrict all registry access and related disciplinary record information.

In addition to verifying a nursing professional’s credentials, notifications of past or current disciplinary actions are often also publicly accessible as part of a nursing registry. In terms of discipline, the following actions are commonly taken in Western and Central Europe: reprimand, suspension, fine/civil penalty, denial or withdrawal of license, surrender of license, removal or denial of name from register, revocation, practice limitation, probation, censure, and warnings.

Fitness to Practice

Fitness to practice comprises the requisite skills, knowledge, competence, health, and character to practice within the nursing profession. This may include evidence of moral character such as criminal background checks and references. Three quarters of all jurisdictions (*n* = 240) require nurses to provide evidence of good moral character to become authorized, or maintain their authorization, to practice. This evidence is provided in a variety of ways. In Brazil, for example, evidence is defined as “attestations of moral suitability,” whereas in Alberta and British Columbia, Canada; Bermuda; Cyprus; Denmark; Germany; Unites States; and other jurisdictions it consists of a criminal record (or background) check. In Andhra Pradesh, India, three individuals must attest to the nurse’s good moral character: one attestation must be from a person with good social standing and not related, another from an employer, and the third must be from a school superintendent or medical practitioner. Azerbaijan requires personnel records and a statement from employers to satisfy the moral character requirement.

Apart from moral character, the most common additional fitness to practice requirement employed by NRBs is proof of proficiency in a particular language. Forty-five percent of jurisdictions worldwide (*n* = 143) specify that such a requirement is in place.

National Examination Requirements

Only 22 (6%) NRBs do not possess the authority to require nursing applicants to take a qualifying examination before becoming authorized to practice; however, not all NRBs with the authority to do so have opted to require such an examination. About two thirds of jurisdictions (67%, *n* = 214) require a nurse to pass a qualifying examination before he or she is permitted to practice.

North American and the Caribbean

With the exception of Quebec, which has a province-specific set of licensure examinations, the United States and Canada require all candidates for nursing licensure or registration to pass the National Council Licensure Examination-RN (NCLEX-RN). For licensed practical and licensed vocational nurses (LPN/LVN), the United States requires the NCLEX-PN; Canadian practical nurses take the Canadian Practical Nurse Registration Examination (CPRNE). A licensing or qualifying examination is required for nearly every nurse type in the United States and its territories. The powers granted to all regulatory bodies throughout Canada include the authority to require a national examination to practice.

In addition to educational requirements, graduation examinations are required for master's-level and doctoral-level nurses in Mexico. Licensed nurses are required to pass the Centro Nacional para la Evaluación de la Educación Superior (Ceneval) examination to practice, but no examinations are required for the remaining nursing types.

In Central America, Costa Rica, El Salvador, and Nicaragua require a national examination after education is completed. Honduras does not require a national examination for their nurses. There are no data publicly available for Guatemala.

The Caribbean Community (CARICOM) requires a national examination to practice nursing. Nurses trained in Bermuda must sit for the NCLEX in New York State in the United States.⁷

South America

Qualifying examinations are widely mandated throughout South America. They are required for all nurse types in Bolivia, as well as for nurses, midwives, and nursing assistants in Chile. Nurses and midwives in Ecuador and Peru must pass a qualifying examination. It is unknown if a national qualifying examination is required in almost all Brazilian states.

Europe

Almost all NRBs in the Nordic region have the authority to require a national examination to practice nursing. Denmark is the lone exception and shares such decision-making power with the Ministry of Education and the National Board of Health.⁸

Of 22 Western and Central European countries, most require a national examination to practice, except for Belgium, Ireland, Poland, Portugal, Switzerland, and the United Kingdom that do not. A national examination is required to practice nursing in Eastern Europe, except for Albania, Croatia, Estonia, and Romania.

Africa

Nearly all African jurisdictions require nurses to complete an examination prior to beginning their practice. Cape Verde is the only African nation (for which information is publicly available) in which no nurse roles have an examination requirement for practice. Botswana, Gambia, and Mauritius each require national examinations for some nursing roles, but not others.

Middle East

Iran requires passage of an examination after the necessary education to become a general nurse, but no such examination is required for practical nurses or nurse anesthetists. Saudi Arabia requires passage of the Saudi Nursing Licensure Examination to become a nurse, a nurse specialist, or a nurse assistant.

Asia

Nearly all East Asian nations require a national examination for all nurse roles. Hong Kong requires only applicants trained outside of Hong Kong to take its jurisdictional examination prior to practicing.

Except for Uzbekistan, every jurisdiction in Central Asia requires nursing candidates to pass a qualifying examination after successful completion of a nursing program.⁹ In India, the majority of state jurisdictions require a qualifying examination for most nurse types.¹⁰

NRBs in the Southeast Asia region have the authority to require a national examination to practice, except for Cambodia.¹¹ Although not every Southeast Asian country requires a national examination, the majority do, including Brunei, Laos, Malaysia, Myanmar, the Philippines, and Thailand. It is not clear what position Indonesia takes concerning this requirement.

Australia and Oceania

Nearly all nations in Oceania require a qualifying examination for all nurse roles. Australia does not require an examination of any of its nurse roles; New Zealand does not have an examination requirement for its nurse prescriber roles.

Jurisdictions Not Requiring Examination

Thirty-three of all reporting jurisdictions either do not require an examination for general (or registered) nurses after completion of education, or no evidence existed of any relevant legislation in this regard. These jurisdictions are as follows: Argentina, Australia, Belgium,

⁷ The Bermuda College Nursing Education Program has an agreement with the New York State Board of Nursing.

⁸ The Nordic region encompasses Denmark, Faroe Islands, Finland, Greenland, Iceland, Norway, and Sweden. Of those countries, Denmark, Finland, and Sweden are members of the European Union (EU). Additionally, all are Nordic Passport Union members.

⁹ No data could be found on whether Uzbekistan requires such an examination.

¹⁰ In India, there is typically no qualifying examination for post-basic and specialty nurse type designations. However, university examinations or additional qualification in some respect of the training specialty is required.

¹¹ It is not clear whether the Indonesian Ministry of Health maintains this authority as far as nursing powers are concerned.

Cambodia, Cape Verde, Croatia, Gambia, Honduras, Hong Kong, Iceland, 14 jurisdictions in India (the Andaman and Nicobar Islands, Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh, Delhi, Jammu and Kashmir, Odisha, Puducherry, Punjab, Tamil Nadu, Telangana, Uttar Pradesh, and Uttarakhand), Ireland, Jordan, Lithuania, Mauritius, Poland, Qatar, Singapore, United Kingdom, and Vietnam.

Nurse Mobility: Compacts and Mutual Agreements

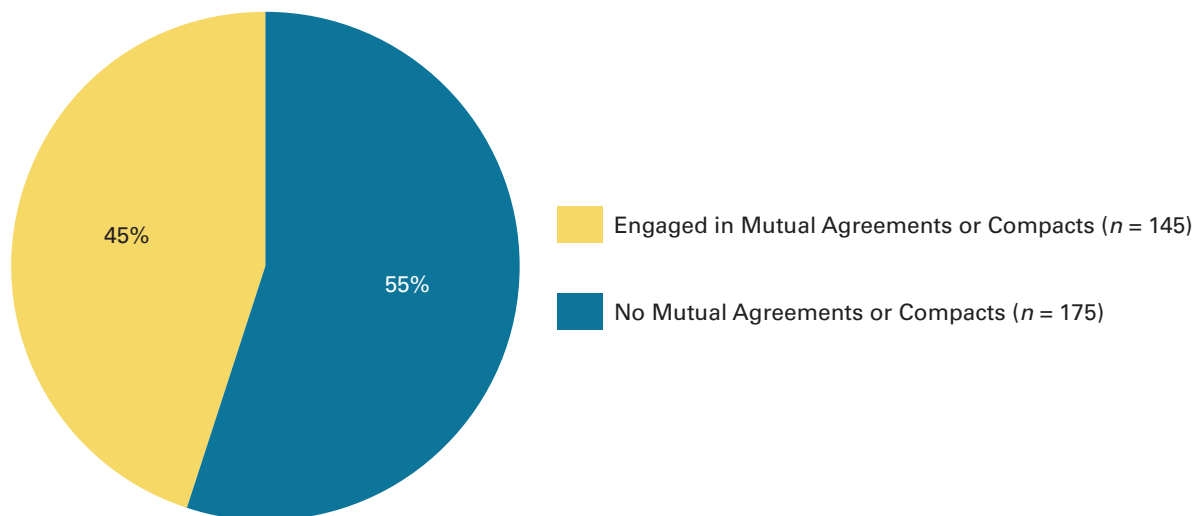
To facilitate an increasingly mobile and globalized workforce, many jurisdictions have entered into compacts or mutual agreements with other jurisdictions. These agreements make it easier for a nurse authorized to practice in one jurisdiction to become authorized in another. In some cases, these agreements are accomplished through the alignment of education and licensure regulations. In other cases, two or more jurisdictions agree to mutually recognize any nurse that is licensed in one of the member jurisdictions. Of the 320 jurisdictions, 45% ($n = 147$) were part of a mutual agreement or compact (Figure 7).¹²

North American and the Caribbean

In the United States, the Nurse Licensure Compact (NLC) is a mutual recognition agreement created to increase the mobility of registered and practical nurses' patient access while maintaining the protection of the public at the state level. At the time of this publication, 34 jurisdictions participate in the NLC.¹³ By removing the need to obtain additional state licenses, the NLC provides ease of access across state borders, which is vital in the event of an emergency or disaster. The NLC allows nurses, who meet designated requirements, to obtain a license in their home state and practice in other states without obtaining an additional license. It eliminates the financial burden of multiple licenses and facilitates telehealth nursing, and mobility during disasters along with many other advantages.

FIGURE 7

Compacts and Agreements Among Jurisdictions



There are 14 members of the Canadian Free Trade Agreement (CFTA), which enables any worker certified for an occupation by one of its members, including nursing professionals, to be recognized as qualified for that occupation by all other members.¹⁴

Europe

Specifically related to the nursing profession and mobility, EU Directive 2005/36/EC came into effect in October 2007 and provided for the acceptance and recognition of professional qualifications across member states. This allows for mobility of nursing professionals throughout much of Europe.

¹² Four African jurisdictions responded that they had such an agreement but are not counted in these jurisdictions because they referenced compacts that do not directly affect the practice of nursing across borders.

¹³ Participants include the states of Alabama, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming. Alabama's NLC membership was implemented January 1, 2020. Indiana and New Jersey have enacted the NLC and are awaiting implementation.

¹⁴ These include Canada (federal), Ontario, Quebec, Nova Scotia, New Brunswick, Manitoba, British Columbia, Prince Edward Island, Saskatchewan, Alberta, Newfoundland and Labrador, The Northwest Territories, Yukon, and Nunavut.

Asia

Currently there are 10 member countries that belong to the Association of Southeast Asian Nations (ASEAN), which provides for the Mutual Recognition Arrangement of nursing services.¹⁵ The Mutual Recognition Arrangement allows for the mobility of nursing professionals within Southeast Asia; the exchange of nursing expertise suited to the specific needs of ASEAN member countries; adoption of best practices; and provision of training opportunities throughout the region.

Australia and Oceania

Today, enrolled nurses, RNs, and nurse practitioners are mutually recognized throughout Australia and New Zealand through the Trans-Tasman Mutual Recognition Act.

Nurse Types and Titles

Throughout the world, there are at least 220 unique nurse titles. Overall, most nurse types throughout the world fit into one of four categories: nurse, specialized nurse, midwife, or nurse assistant.

A diverse array of classifications for specialized nurses occupies a large proportion of the remaining unique nurse titles. For example, in addition to a general nurse, Saudi Arabia recognizes General Specialists 1 and 2 and First Specialists 1 and 2, which are all types of nurse specialists. These nurse specialists are categorized by education, training, and competence. Brunei recognizes children's nurses, mental health nurses, and infectious disease nurses in terms of specialized nursing. In addition to a RN, licensed practical nurse (LPN), and nurse anesthetist, Liberia has an ophthalmic nurse. Malaysia recognizes public health nurses and community nurses, and Thailand also recognizes nurse anesthetists.

In the United States, there are three main nurse types: RNs, LPNs, and advanced practice registered nurses (APRNs). There are four different types of advanced practice nurses that includes certified nurse practitioners, certified nurse midwife, clinical nurse specialist, and certified registered nurse anesthetists.

In Lebanon, there are RNs and technique superior RNs—a form of specialty nurse. A Lithuanian general nurse is known as a nurse general practitioner, or general practitioner, and a nurse with a master's in nursing is known as a nurse general practitioner and professional.

Several jurisdictions around the world incorporate educational levels into nurse titles (Table 1). Mexico incorporates educational levels into its nurse titles, which often results in designations such as master's nurse, postgraduate nurse, and doctoral nurse. Macao has a Grade I Nurse, who must pass an entrance exam, and a nurse graduate, who is a Grade I Nurse with 3 to 4 years of experience. In Liberia, graduate nurses are graduates of a nursing program who are awaiting nursing licensure and may practice under the supervision of an RN or an LPN.¹⁶

¹⁵ These include Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.

¹⁶ "Graduate nurse" is a capacious category that can refer to a range of nursing levels, depending on the jurisdiction.

TABLE 1

Jurisdictions That Incorporate Educational Levels Into Recognized Nurse Types

Region	Jurisdiction	Recognized Nurse Types	Region	Jurisdiction	Recognized Nurse Types	
Africa	Ethiopia	Bachelor of Nursing Master's Nurse	Central Asia and India <i>(continued)</i>	India—Punjab	Bachelor of Nursing Master's in Nursing	
	Gambia	Bachelor of Nursing Master's in Nursing		India—Rajasthan	Master's in Nursing	
	Madagascar	Master's in Nursing		India—Sikkim	Master's in Nursing	
The Caribbean	Cuba	Bachelor of Science in Nursing Doctorate in Nursing		India—Telangana	Bachelor of Nursing Master's Nurse	
	Central America	El Salvador		Bachelor of Nursing	India—Uttar Pradesh	Bachelor of Nursing Master's in Nursing
Guatemala		Bachelor of Nursing Master's in Nursing PhD nurse		India—Uttarakhand	Bachelor of Nursing Master's in Nursing	
Honduras		Master's Nurse		India—West Bengal	Master's in Nursing	
Central Asia and India	Bhutan	Bachelor of Nursing Master's in Nursing		China and East Asia	China	Associate Nurse Bachelor of Nursing Master's Nurse Doctoral Nurse
	India—Andhra Pradesh	Bachelor of Nursing Master's Nurse			Mongolia	Bachelor Degree Nurse Master's Nurse PhD nurse
	India—Arunachal Pradesh	Bachelor of Science in Nursing		Eastern Europe	Croatia	Bachelor of Nursing
	India—Bihar	Bachelor of Nursing Master's Nurse	Mexico	Mexico	Master's Nurse Doctoral Nurse	
	India—Chandigarh	Bachelor of Nursing Master's in Nursing	Middle East	Saudi Arabia	PhD Nurse/Advisory Nurse	
	India—Chhattisgarh	Bachelor of Nursing Master's in Nursing	South America	Chile	Master's in Nursing Doctoral Nurse	
	India—Haryana	Bachelor of Nursing Master's in Nursing		Colombia	Undergraduate Nurse Master's in Nursing Doctorate in Nursing Postdoctoral Nurse	
	India—Jammu and Kashmir	Bachelor of Nursing Master's in Nursing		Cambodia	Bachelor of Science in Nursing Associate Degree Nurse	
	India—Kerala	Master's in Nursing Ph.D. Nursing M. Phil Nursing	Southeast Asia	Laos	Associate Nurse (also known as Registered Nurse / High-level nurse) Bachelor Level Nurse (also known as Graduate Nurse)	
	India—Madhya Pradesh	Bachelor of Nursing Master's in Nursing PhD nurse		Western and Central Europe	Hungary	Bachelor of Nursing Master's in Nursing
	India—Manipur	Bachelor of Nursing			Poland	Bachelor of Nursing Master's Nurse
	India—Odisha	Bachelor of Nursing Master's in Nursing Doctoral Nurse				

Other Titles, Roles, and Responsibilities

Some nurse titles are evocative of community culture and history. For example, some African jurisdictions, such as Cameroon and the Republic of Congo, designate a “qualified wise woman” or a “qualified sage-femme” as a midwife nurse type. Thousands of African wise

women were enslaved and transported to the Western Hemisphere from the 16th century onward, where many continued to practice or passed down their knowledge, and eventually became known in the American South as “granny” or “grand” midwives.¹⁷

The “wise woman” category dates to antiquity. It was not always synonymous with midwifery in Europe but was associated with women as public healers and problem-solvers. The first known English midwife’s license dates from 1588, but the licensure process came about long after the role came into existence. Midwives also appear in the fifth-century BC writings of Chinese philosopher Lao Tzu.¹⁸

A lady health visitor (LHV), as noted by Upvall et al (2002), can provide a range of healthcare services depending on the context, including “basic nursing care, maternal child health services, and training of community workers.” In some cases, as in Pakistan, “LHVs aligned their practice with medicine yet were originally registered with the Pakistan Nursing Council and had 1 year of midwifery training [Pakistan currently reports that LHV training takes 2 years]. LHVs also differentiated their practice from nursing by clearly demarcating the role of RNs to the hospital, whereas they as LHVs served the community.”¹⁹ In Pakistan, the LHV program is for females aged between 15 and 30 years only.²⁰ An LHV is also recognized in the Indian states of Manipur, Sikkim, and West Bengal. A community LHV is recognized in Myanmar. Twelve states and three union territories in India recognize a health visitor (or licensed health visitor), as do Cyprus and Denmark.²¹ The South Pacific archipelago of Vanuatu has a village health worker who is chosen by the community and whose training program takes 11 weeks to complete. In the historical record, references to LHVs date back to 1909 in Wales, 1911 in Canada, and 1951 in Pakistan

Some Indian states, such as Punjab, used to account for a very traditional form of birthing attendant called a *dai*. A dai provides birthing and midwifery care in rural parts of India and has not passed any form of official certification. References to dais are found in older nursing regulations. More recent nursing acts and regulations recognize registered midwives and nurse midwives.

Midwives

In the United States, there are four main types of midwives: CNMs, certified midwives (CMs), certified professional midwives (CPMs), and other (or lay) midwives. The vast majority are CNMs, who are RNs with graduate education and clinical training in midwifery. CMs possess a bachelor’s degree in an area other than nursing but also have graduate midwifery education. Both CNMs and CMs must pass the national certification examination of the American Midwifery Certification Board. Both CNMs and CMs are able to provide care across a woman’s lifespan, not just during maternity and labor, have the authority to prescribe medications and treatments, and work in a variety of healthcare settings, such as hospitals, birth centers, private practice, and even homes.^{22,23}

CPMs are educated by means of one of two pathways: (1) through apprenticeship training alone or (2) through an accredited formal education program. All CPM candidates must pass the national certification examination administered by the North American Registry of Midwives. CPMs are much more limited in the services they provide—they provide only pregnancy, birth, and postpartum care for women outside of the hospital, usually in birth centers and homes, and they cannot prescribe medication or treatments.²⁴ By comparison, lay midwives are not formally trained, educated, or certified. They are often unlicensed and usually work in the home setting.²⁵

As of 2018, CNMs are regulated by their state board in 79% of U.S. jurisdictions ($n = 45$ of 56 total). The state board of medicine or medical examiners regulates nurse midwives in 5 states: Alabama, North Carolina, New Jersey, Pennsylvania, and Virginia. In Nebraska, the Advanced Practice Nursing Board regulates CNMs, while in 4 states—Connecticut, Michigan, New Mexico, and Rhode Island—the department or board of health oversees nurse midwife regulation. In Utah and New York, a nursing board under a state agency regulates CNMs.

¹⁷ The term “granny” carries its own historical controversy. As Goode (2014) explains, “there is often a historical assumption that granny midwives relied solely on ‘divine intervention’ because of ‘the call’ to be a midwife.” Instead, Goode employs the term “grand midwives.” See Goode, K. (2014). *Birthing, Blackness, and the Body: Black Midwives and Experiential Continuities of Institutional Racism* (pp. 49–50) [Doctoral dissertation]. The City University of New York. https://academicworks.cuny.edu/gc_etds/423

¹⁸ On Lao Tzu’s writings about midwives, see Chamberlain et al., 2016.

¹⁹ Upvall, M. J., Sochael, S., & Gonsalves, A. (2002). Behind the mud walls: The role and practice of lady health visitors in Pakistan. *Health Care Women Int.*, 23(5), 432–441.

²⁰ Pakistan applies the same females-only rule to its programs for licensed practical nurses and family welfare workers.

²¹ Those Indian states are Arunachal Pradesh, Chhattisgarh, Gujarat, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Meghalaya, Odisha, Punjab, Rajasthan, and Tripura. The 3 Indian union territories are Chandigarh, Dadra and Nagar Haveli, and Daman and Diu.

²² Fotsch, R. (2017, July). Regulating certified professional midwives in state legislatures. *Journal of Nursing Regulation*, 8(2), 47–49; American College of Nurse-Midwives. (2016, November 23). What is a midwife? <http://ourmomentoftruth.com/your-health/what-is-a-midwife/>

²³ Fotsch, R. (2017, July); American College of Nurse-Midwives. (2016, November 23).

²⁴ Fotsch, R. (2017, July); American College of Nurse-Midwives. (2016, November 23).

²⁵ Fotsch, R. (2017, July); American College of Nurse-Midwives. (2016, November 23).

Eleven of 16 Middle Eastern nations recognize some type of midwife, and six of them require a qualifying examination.²⁶ Azerbaijan identifies three separate midwifery categories: nurse midwife, midwife, and auxiliary midwife. Most Middle Eastern midwifery programs are approximately 3 years in duration and require completion of grade 10 or all of secondary school education.

As noted previously, a few African jurisdictions designate a unique title to what is commonly referred to as a midwife. The Cameroon Ministry of Public Health, in particular, designates a qualified wise woman or a qualified sage-femme as a midwife. Similarly, the Republic of Congo designates a wise woman as a midwife nurse type. Thirty-four out of 54 African nations recognize at least one type of midwife, whose training program requires an average of 2.75 years and completion of secondary school education. In Gabon, midwives are considered authorized upon completion of their nursing education and training in midwifery.

In Vietnam, midwives—like nurses—are distinguished by their level of education: elementary midwives have 1 year of training, secondary midwives have 2 years, college midwives have 3 years, a midwife has completed 4 years, and an advanced midwife has completed an additional 2 years.

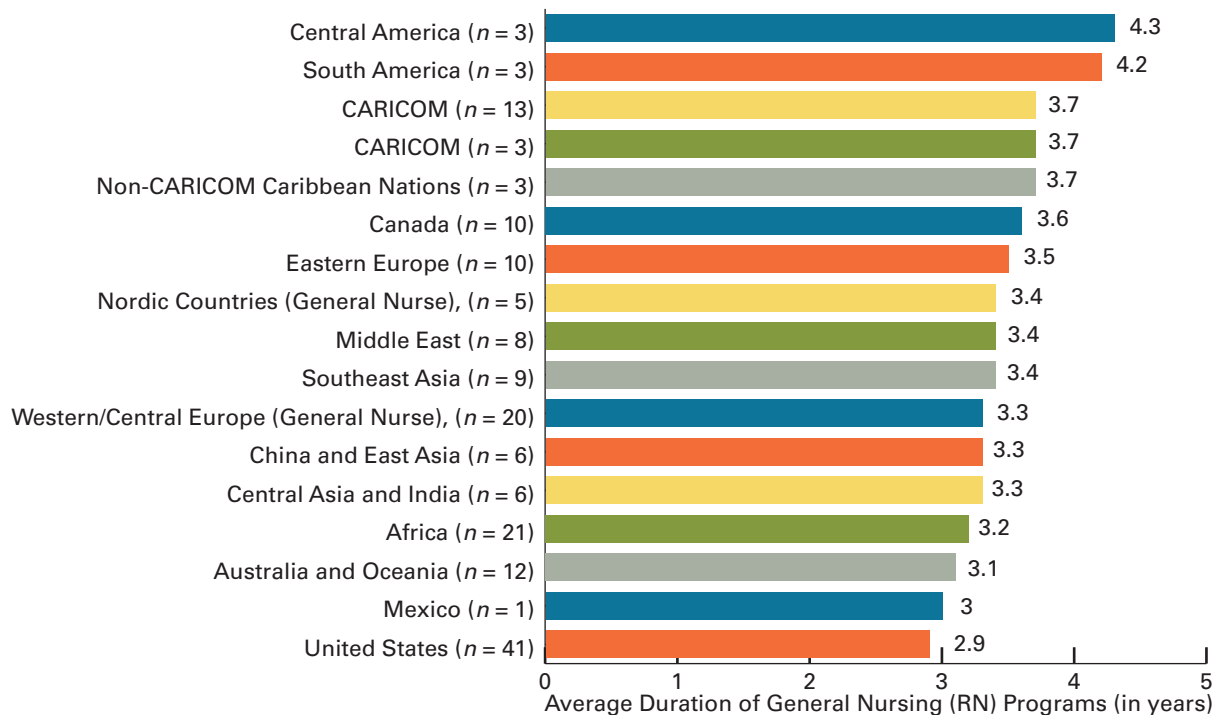
Afghanistan recognizes at least 3 types of midwives: an assistant midwife (who must pass the Afghan National Testing and Certification Midwifery Examination), an auxiliary nurse midwife (requiring 6 months of training), and a community midwife (requiring 2 years of training).

Education

The approval and accreditation of nursing programs varies by jurisdiction. Figure 8 presents the general nursing (RN) programs worldwide and the average number of years it takes to matriculate.

FIGURE 8

Average Duration of General Nursing (RN) Programs



Note. CARICOM = Caribbean community; RN = registered nurse.

Nursing Program Approval

Seventy percent ($n = 223$) of the 317 NRBs worldwide are responsible for approving nursing education within their jurisdictions. The remainder may share this responsibility, or it may be handled by the jurisdiction's Ministry of Education.

²⁶ Middle Eastern nations that recognize a midwife, registered midwife, or nurse midwife are Azerbaijan, Bahrain, Iraq, Israel, Jordan, Kuwait, Oman, Palestine, Syrian Arab Republic, United Arab Emirates, and Yemen. Those requiring a qualifying examination for midwives are Azerbaijan, Bahrain, Iraq, Israel, Palestine, and United Arab Emirates.

North American and the Caribbean

The powers granted to all regulatory bodies throughout Canada, the United States, and U.S. territories include the authority to approve nursing programs, with three exceptions in the United States. In New York, the Professional Education Program Review Office coordinates all registration for educational programs in the state. The power to approve nurse training and education programs in Mississippi is reserved for the Institutions of Higher Learning, the regulatory body for higher education in the state of Mississippi; and in Utah, approval of programs is delegated to a nationally recognized accrediting body.

Authorization of nursing programs is done by each Ministry of Health in CARICOM member states. Among CARICOM associate members, the British Virgin Islands and Anguilla hold the power to approve nurse education and training programs.

Nursing education programs in Mexico are approved by the Secretary of Health and Secretary of Public Education. Almost all Central American regulatory bodies have the authority to approve nursing schools or programs.

South America

Of all the governing regulatory bodies in the South American jurisdictions, the College of Nurses of Peru and the College of Nursing Professionals of Venezuela hold exclusive authority to approve nursing education programs. Education programs for nursing professionals in other jurisdictions are either approved by a separate governing agency, such as the Ministry of Education, or the NRB in cooperation with a separate agency. For example, the Ministry of Education approves nurse education programs in Brazil. In Bolivia, the Ministry of Health works in cooperation with the Bolivia National Council of Higher Education and the Bolivia Ministry of Education to approve programs. Similarly, each respective Ministry of Education works in conjunction with the nursing regulatory body in Chile, Ecuador, Paraguay, and Uruguay. In Colombia, a separate College of Association of Nursing Faculty approves programs.

Europe

The Nordic NRBs with smaller populations, such as Iceland, Faroe Islands, and Greenland, approve nursing programs. However, in more populous countries, such as Norway, Sweden, Denmark, and Finland, the authority to approve nursing programs or schools is reserved for the Ministry of Education.

In Western and Central Europe, NRBs in Andorra, Ireland, Italy, Portugal, Spain, and the United Kingdom approve nursing schools or programs. In France, Germany, Malta, and Slovakia, it is the responsibility of the Ministry of Education and the Ministry of Health. Only Belgium and the Netherlands do not designate their respective Ministry of Health agencies to approve nursing education programs, while the other Western and Central European countries do. In Belgium and The Netherlands, the Ministry of Education is charged with this responsibility. Some countries retain the authority to approve nursing education programs but also work in conjunction with the Ministry of Education in the process, such as in Slovenia and Monaco.

In Eastern Europe, the NRB is responsible for approving nursing education programs in the majority (67%, $n = 12$ of 18) of jurisdictions.

Africa

In Africa, the authority to approve nursing schools or programs is commonly vested with nursing regulatory bodies, as 33 such bodies possess sole authority over nursing education. In Rwanda and South Africa, the approval of programs is shared jointly with each country's respective higher education authority. In five countries, the responsibility for approving programs is held by other ministries or agencies. Namely, in Kenya and Togo, the Ministry of Health is responsible; in Ethiopia and the Republic of Congo, the Ministry of Higher Education is responsible; and in Egypt, the General Directorate of Technical Education for Health approves nursing programs. Data were unavailable as to how the process is handled in the Seychelles.

Asia

In East Asia, Hong Kong, Japan, and South Korea maintain the authority to approve nursing schools or programs. China, Mongolia, and Taiwan all reserve such authority to their Ministry of Education organizations.

The nursing profession in Central Asia is primarily governed by larger government agencies, which hold the power to approve nurse education programs with two exceptions. In Kazakhstan, it is the Ministry of Education along with local regional governments that authorize nurse education programs. In Sri Lanka, the nursing council division of the Medical Council may advise the government on matters relating to the education of nursing professionals but does not necessarily have exclusive authority.

Some Southeast Asian regulatory bodies maintain the sole authority to approve nursing schools or programs, including Brunei, Myanmar, Singapore, and Thailand. Others, including Laos, Malaysia, and the Philippines, share such authority with their respective Ministries of Education, Qualification Agencies, or Higher Education Commissions. In Cambodia and Vietnam, this authority is reserved

by other branches of the government: the Ministry of Health in Cambodia and the Ministry of Education in Vietnam. Information is not available as to whether the Indonesian Ministry of Health maintains the authority to approve nursing schools or programs.

Australia and Oceania

Oceania and Australia regulatory bodies are authorized to approve nursing programs.

Continuing Competence

Worldwide, 72% ($n = 230$) of jurisdictions report that they require nurses to undergo some form of continuing education to remain authorized to practice. Continuing education may be called continuing competence, continuing professional development, or continuing fitness to practice.

Practice

Nurses throughout the world have numerous responsibilities and it is beyond the extent of this report to detail all the nursing activities that are performed throughout the world. We did, however, explore which nurses have expanded responsibilities that encompass three areas: diagnosis, prescribing, and referrals to another practitioner.

Although researchers in many jurisdictions were unable to gather these data, it was possible to determine that at least 52% ($n = 167$) of jurisdictions around the world allow nurses to prescribe medications or other types of treatment to some degree. In 37% ($n = 117$) of these jurisdictions, there is at least one nursing role with unrestricted prescribing authority.

Similarly, 51% ($n = 165$) of jurisdictions allow diagnoses to be made by at least one type of nurse, although in many cases, these jurisdictions place restrictions on the type of diagnoses the authorized nurse may provide.

Worldwide, 21% ($n = 67$) of jurisdictions permit RNs to diagnose, though often with limitations (Table 2). A “nursing diagnosis,” which is an evidence-based clinical judgment that allows a nurse to develop a care plan and select nursing interventions, is codified in at least 5% ($n = 17$) of jurisdictions.²⁷

TABLE 2

Jurisdictions That Allow Registered Nurses to Diagnose

Nation (Sub-jurisdiction)	Nation (Sub-jurisdiction)
Albania	Honduras
Australia	Kazakhstan
Belgium	Lesotho
Belize	Liechtenstein
Botswana	Madagascar
Brazil (Alagoas, Amapa, Amazonas, Bahia, Ceara, Distrito Federal, Espirito Santo, Goias, Maranhão, Mato Grosso, Mato Grosso do Sul, Pará, Paraíba, Paraná, Pernambuco, Piauí, Rio de Janeiro, Rio Grande de Norte, Rio Grande do Sul, Rondônia, Roraima, Santa Catarina, Sao Paulo, Sergipe, Tocantins)	Marshall Islands
Cambodia	Monaco
Canada (British Columbia, Manitoba, Quebec, Saskatchewan)	Mongolia
Croatia ^a	Northern Mariana Islands
Dominica	Peru
El Salvador	Poland ^b
Estonia ^a	Portugal
Greece ^a	Rwanda
Guam	South Africa
Haiti	Switzerland
	Togo
	United Kingdom
	Vietnam
	Zimbabwe

^a Limited to nursing diagnosis. ^b “To a limited extent.”

²⁷ In addition to some U.S. jurisdictions, including Guam and the Northern Mariana Islands, these include Brazil (for nurses and advanced or specialized nurses); Lesotho, and Madagascar (for registered nurses).

Discipline

Almost two-thirds of jurisdictions keep disciplinary records of actions taken against nurses (Figure 9). The NRBs in nine nations do not maintain records of disciplinary actions taken against nurses. These include Armenia, Cambodia, Chile, China, Georgia, Greece, Lithuania, Mongolia, and Russia.

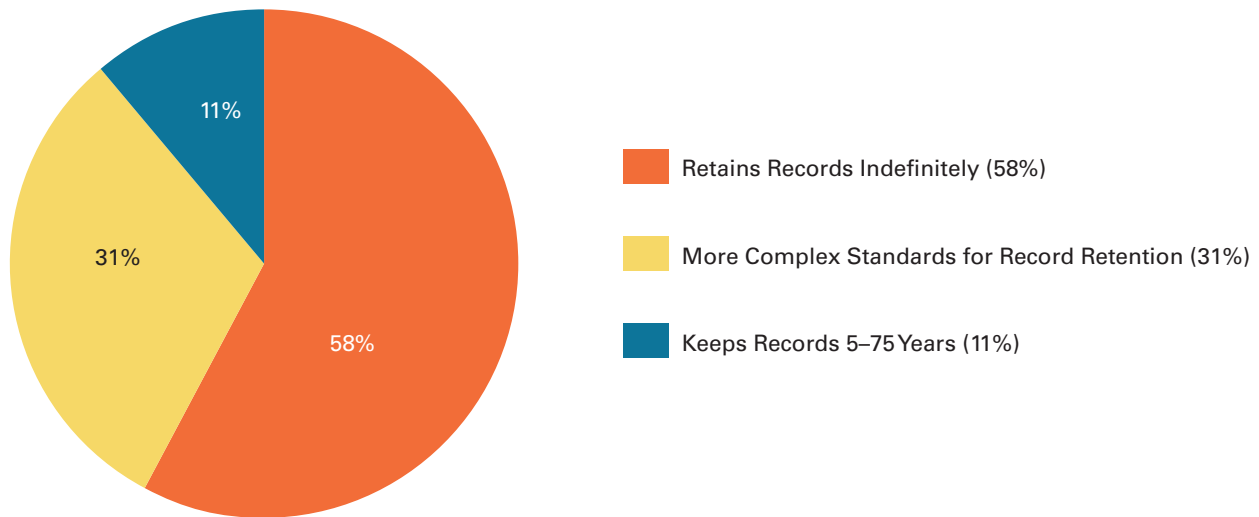
Of the NRBs worldwide that keep records of disciplinary action taken against a nurse:

- 70% store disciplinary information in the same database that holds the nurse register
- 69% make their disciplinary records available to the public
- 58% of disciplinary record-keeping jurisdictions retain their disciplinary records indefinitely (Figure 9)
- 11% keep records for a defined number of years, ranging from 5 to 75 years (Figure 9).²⁸

Of all NRBs in this report, including those that do not keep disciplinary records, 43% allow members of the public to access the disciplinary records of nurses practicing in their jurisdiction.

FIGURE 9

Disciplinary Record Retention Policies for 200 Worldwide Jurisdictions



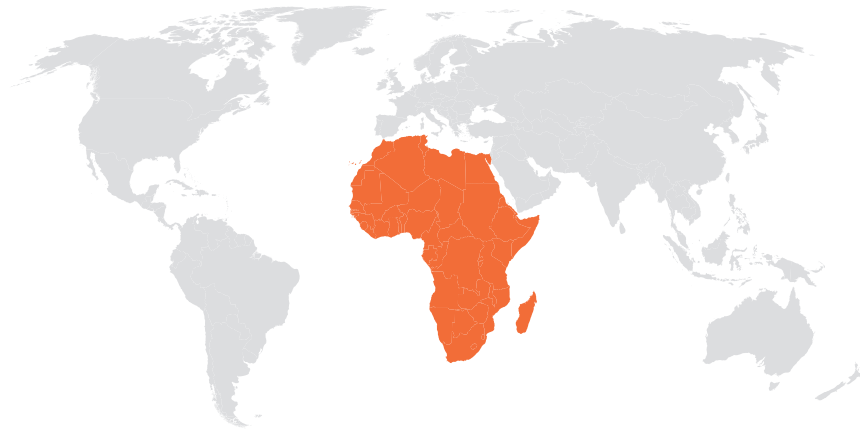
²⁸ Many jurisdictions referred to records retention statutes or stated that the length of time the record was retained differed depending on the nature of the offense. One jurisdiction retained the record for as long as the sanction was in place, while others destroyed such records at such time as the nurse was no longer authorized to practice or upon the nurse's death.

Regional View of the Global Regulatory Atlas Data

The *Global Regulatory Atlas* data presented in Part II provide a detailed regional view of nursing regulation, education, and practice. Tables outlining the nursing education program requirements are provided in Appendix C.

Africa

Africa consists of 54 recognized countries (the sovereign statuses of Somaliland and Western Sahara are currently disputed). Due to a lack of digitally accessible and verifiable data about nursing regulation, Algeria, Angola, Chad, Equatorial Guinea, Guinea-Bissau, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, South Sudan, and Sudan are not included in this report.



Regulation and Governance

An independent body—most commonly a nursing council—serves as the nursing regulatory body and governs the nursing profession in a majority of African jurisdictions. This body is generally a Nursing and Midwifery Council, National Board of Nurses, or National Order of Nurses. An independent body governs and regulates the nursing profession in Botswana, Burundi, the Democratic Republic of Congo (or simply Congo), Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, the Seychelles, South Africa, Eswatini (formerly known as Swaziland), Tanzania, Uganda, Zambia, and Zimbabwe.

In some jurisdictions, the nursing profession is overseen by a regulatory body that supervises other professions as well. In all these cases, nursing regulation is part of the Ministry of Health or a subdivision thereof. The jurisdictions of Benin, Burkina Faso, Cameroon, Cape Verde, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gabon, Guinea, Libya, Mali, Mauritania, Morocco, Niger, and Tunisia have this type of structure. Most ministries or governing bodies hold the power to license/register nurses, administer nursing laws and regulations, discipline nurses, make decisions about the nursing scope of practice, and regulate for purposes of public protection and the promotion of the nursing profession. These bodies retain the power to create nursing legislation. Except for the Egyptian Ministry of Health and Population and the Ethiopian Health Professions Council, many larger agency bodies hold the authority to approve nursing education institutions and programs. Sometimes, each Ministry of Health works in cooperation with a Ministry of Higher Education or another government department in this approval process. Such is the case with Cameroon, Cape Verde, Congo, Côte d'Ivoire, Guinea, Libya, and Tunisia.

Regulatory bodies in eight countries (Cameroon, Cape Verde, Eritrea, Ghana, Guinea, Lesotho, Mozambique, and Tunisia) are also responsible for education and training matters. Ghana and Madagascar specifically mention disciplinary matters among their responsibilities. Eritrea's regulatory body also promotes and finances healthcare in addition to matters related to nursing. Finally, in Ghana, facility inspection is also part of the regulatory body's role.

The regulatory bodies in Burundi and Liberia possess authority regarding nurse education and training, and continuing competence or curriculum matters. The governing bodies of nursing in Botswana, Malawi, Mauritius, Mozambique, Rwanda, South Africa, Eswatini, and Tanzania retain the power to create nursing legislation. The governing bodies in Congo, Madagascar, Mozambique, Nigeria, the Seychelles, Uganda, and Zambia each hold additional authority over nursing work and labor matters.

Data on the regulatory body that governs the nursing profession in the Central African Republic, Comoros, and Congo are unavailable. Togo is unique as there is no official NRB; however, the National Association of Nurses of Togo is an important resource for nurses, members of the association, and authorities. Procedures are underway for the creation of the National Order of Nurses of Togo, which will serve as the official NRB.

NRB Mandate/Mission

All African jurisdictions report that the mandate of their NRB includes public protection. For 15 of these countries (Benin, Botswana, Burkina Faso, Côte d’Ivoire, Djibouti, Egypt, Ethiopia, Gabon, Gambia, Libya, Mali, Mauritania, Niger, Rwanda, and South Africa), public protection is the only mandate of the NRB. In 23 countries (Burundi, Cameroon, Cape Verde, Congo, Eswatini, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mauritius, Morocco, Mozambique, Namibia, Nigeria, Seychelles, Eswatini, Tanzania, Togo, Uganda, Zambia, and Zimbabwe), the regulatory body also states that promotion of the nursing profession is an additional mandate. Regulatory bodies in 11 countries (Cape Verde, Congo, Guinea, Kenya, Madagascar, Mozambique, Nigeria, Seychelles, Tunisia, Uganda, and Zambia) have additional mandates related to workforce or labor and union concerns.

Composition of NRBs

For those African jurisdictions for which data are available related to the size of the regulatory body ($n = 19$), the average size of the regulatory body is 15 members (Table 1). The smallest regulatory bodies in Africa are the Order of Nurses of Mozambique and the Nurses and Midwives Council of Malawi, each consisting of five members. The largest African regulatory body is the 25-member Nursing Council of South Africa.

TABLE 1

Number of Members on Nursing Regulatory Bodies in Africa

Country	Number of Members	Country	Number of Members
Malawi	5	Madagascar	16
Mozambique	5	Liberia	17
Eswatini	9	Zambia	17
Namibia	10	Botswana	18
Ghana	11	Mauritius	19
Seychelles	13	Uganda	19
Tanzania	13	Nigeria	22
Kenya	15	Lesotho	23
Rwanda	15	South Africa	25
Zimbabwe	15		

In 12 of the African regulatory bodies, those serving on the regulatory body are nominated by their professions. In Côte d’Ivoire, South Africa, Eswatini, Uganda, and Zambia, those serving on the regulatory body are appointed by the government, while in Botswana and Madagascar, the regulatory body is elected. In the remaining countries, the regulatory body consists of a combination of elected and appointed members, or, in the case of six countries, include ex-officio members.

Data related to the composition of the regulatory body were available for 36 African countries. Twenty-five of these have nurses serving on their regulatory bodies. Of those 11 that do not include nurses on their NRBs, 9 are in countries where the Ministry of Health oversees nursing regulation, and the NRB is comprised of public servants who may not belong to a health profession. In Morocco and Tunisia, the NRB includes physicians, but information is not available on who else serves. Physicians also serve alongside nurses in 9 additional African NRBs. Thirteen African NRBs include members of the public as well.

Apart from these more common representatives, some countries have additional requirements for representatives in their nursing regulatory body (Table 2).

TABLE 2

Representatives Required in African Countries Nursing Regulatory Boards

Required Representatives	Countries
Technical advisors	Burkina Faso
Health inspectors	Burkina Faso
Health facility representatives	Burkina Faso
Educators	Burkina Faso, Gambia, Namibia, South Africa
Professional association	Gambia
Legal professional	Gambia, Namibia, South Africa
Accountant	South Africa
Pharmacist	Burkina Faso, South Africa
Nurses from specific specialties	Mauritius, South Africa

Few African countries specify additional qualifications for their regulatory body representatives. Ethiopia has the most stipulations, specifying that those serving must be of good moral character and mental health, with no addictions or criminal history. Gambia requires each region be equally represented and the involvement of the professional association. Conversely, Mozambique does not allow its regulatory body members to take part in the professional associations. Mauritius and Liberia both set a minimum number of years of experience in nursing before someone can serve, while Eswatini requires a master's in nursing.

Licensure and Registration Requirements to Practice

The licensure and registration responsibilities of each NRB body vary according to jurisdiction. Several African countries have additional requirements for a nurse to be authorized to practice, beyond completion of education. Mauritius specifies the nurse must be a citizen who has never been removed from the register in any country where he or she has practiced and is physically and mentally fit. Seychelles sets a minimum age of 19 years for nurses.

Data were not always available as to practice requirements for nurses educated outside each African country. In some cases, proficiency in a specific language is required. For Ghana, South Africa, and Zimbabwe, English proficiency must be demonstrated prior to authorization to practice. Tunisia requires French. Cape Verde specifies a language certification must be issued (the official language of Cape Verde is Portuguese) and Madagascar specifies nurses must be able to communicate in the language of the patient (official languages of Madagascar are French and Malagasy).

Most jurisdictions in Africa require a national examination after education is completed before a nurse is authorized to practice; however, Cape Verde does not require examinations for authorization to practice in any nurse roles. There is no required national examination for the RN, registered midwife, enrolled nurse, or community health nurse roles in Gambia. Mauritius does not require a qualifying examination for its enrolled or assistant nurses, and Botswana does not have a qualifying examination for the psychiatric nurse role.

In general, registration is the means by which most nurses in Africa are authorized to practice. Djibouti, Guinea, Libya, Mali, and Mauritania are exceptions in that they have a licensing process, while Ethiopia, Gambia, Lesotho, and Rwanda require both licensure and registration. In Cape Verde, Mauritius, Niger, and Togo, nursing professionals are considered authorized upon completion of their nursing education and receipt of diploma. This is also the case for midwives practicing in Gabon, as they are authorized to practice after successful completion of education and training in midwifery. In Kenya, RNs must be registered in order to practice, while other types of nurses are granted authority by license. The Liberian Board for Nursing and Midwifery allows graduate nurses (nurses who have taken their examination but are not yet registered) to practice under the supervision of an RN while awaiting registration.

Once a nurse is registered and or licensed, a public database is the means by which a nursing professional's credentials are verifiable. Africa generally relies on paper-based databases. Only Cameroon, Congo, Gambia, Kenya, Lesotho, Mauritius, South Africa, Tunisia, and Uganda have online systems. South Africa further restricts access to this information to employers.

Nurse Types and Titles

As far as categorizing nurse types in Africa, there are generally no more than three or four types per country, including a nurse, midwife, specialized nurse, and nurse assistant (Table C1). Additionally, some jurisdictions designate specific specialty nurses (Table C2). Many jurisdictions recognize some sort of mental health or psychiatric nurse. Other specialized nurse designations may include an ophthalmic nurse, community health nurse/community nurse, reproductive health nurse, nurse anesthetist, master's nurse, oncological nurse, theater (surgical) nurse, nurse clinician, nurse practitioner, licensed practical nurse, or post-basic nurse. Ghana provides nine specialty nurse type designations, including many of the types mentioned above, as well as a pediatric nurse and a critical care or perioperative nurse.

Interestingly, a few African jurisdictions designate a unique title to what is commonly referred to as a midwife (Table C3). The Cameroon Ministry of Public Health designates a qualified wise woman or a “qualified sage-femme” and Congo designates a wise woman as midwives.

In most African countries, the lowest level of nurse recognized is usually referred to as an auxiliary nurse (Table C4). Data about education requirements for this level of nurse were often unavailable.

Education

To commence education as a general RN in some African jurisdictions (Table 1 through 4), nearly all African NRBs require the completion of secondary education, usually specifying that 12th grade must be completed, a General Certificate of Education must be earned, or certain ordinary level (“O” level) examinations must be passed. Ethiopia and Niger allow nursing education to begin after 10th grade, although in Ethiopia, a prospective bachelor of nursing student must still complete 12th grade to commence education. In Tunisia, there is no reported school requirement, but applicants must be aged at least 17 years. In Zambia, working for 3 years as a medical assistant may stand in lieu of the secondary education requirement to begin nursing education at the regulatory body’s discretion. Burundi and Cameroon require an entrance examination prior to studying nursing, while other jurisdictions in Africa set grade requirements in science (as in Gambia, Malawi, Mauritius, Nigeria, Rwanda, Tanzania, Zambia, and Zimbabwe), mathematics (Gambia, Nigeria, Rwanda, and Zambia), or English (Gambia, Nigeria, Zambia, and Zimbabwe).

In African countries for which data are available, the mean length of a registered/general nursing program is 3.25 years. The vast majority of jurisdictions have 3- to 4-year programs, although Burundi and Gambia state that the low end of this range may be 2 years or 2.5 years, respectively.

In those African countries that recognize enrolled nurses ($n = 9$), education lasts 2 years. Information about what kind of secondary schooling, if any, is required prior to beginning education as an enrolled nurse in African jurisdictions is limited. Tanzania specifies a minimum grade in secondary science education for those wishing to study enrolled nursing. Zambia also specifies science and English education and has a minimum age of 17 years. For Rwanda’s associate nurse role, 3 years of secondary school must have been completed prior to beginning nursing education.

For those wishing to commence midwife education, African countries overwhelmingly require the completion of secondary school, although a few specify a subject or grade requirement, scores on O Level examinations, or set a minimum age. The exceptions are Botswana, Cameroon, Gambia, and Lesotho, where only practicing nurses can train for midwifery.

The average duration of education for midwives in Africa is 2.75 years. For the four jurisdictions where midwife roles require prior education as a nurse, there are varying lengths of additional education required. Registered midwives in Botswana must take 2 additional years. The qualified wise women in Cameroon must take 3 additional years, while Gambia and Lesotho require less additional education with 1.5 years and 1 year, respectively. For jurisdictions where students can enter directly into midwife programs, as little as 1 year of training (Namibia, Zambia) or as many as 4 years (Malawi, Mozambique) may be required. The Liberian-trained traditional midwife completes training at the community level, the length of which is not specified.

TABLE 3

Educational Requirements for Internationally Educated Nurses in Africa

Country	Requirements
Botswana, Gambia, Ghana, Lesotho, Malawi, South Africa, Zimbabwe	Transcript
Botswana, Ghana, Mauritius, Zimbabwe	References/testimonials
Cape Verde, Ghana, Lesotho, Liberia, Mauritius, Namibia, Uganda, Zimbabwe	Verified authorization to practice in home country/good standing
Botswana, Cape Verde, Gambia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Morocco, Namibia, Nigeria, Tunisia, Uganda, Zimbabwe	Proof of completion of education/training
Gambia, Mauritius, South Africa	Copy of license/certification from home country
Ghana, South Africa	Marriage license if applicable
Ghana, Kenya (if needed), Seychelles (if needed)	Additional examination
Ghana, Kenya, Namibia (if needed)	Practical orientation
Guinea, South Africa	Authorization to work in-country
Kenya	Oral interview
Lesotho, Madagascar	Curriculum Vitae
Liberia, Uganda	Passed board examination in home country

TABLE 3 (continued)

Country	Requirements
Madagascar, Malawi, Mauritius, Nigeria	Proof of morality
Madagascar, Tunisia	Proof of physical fitness
Madagascar, Morocco, Tunisia	Criminal history
Cape Verde, South Africa, Togo ^a	Union/association affiliation
South Africa	Enrollment at nursing school in-country

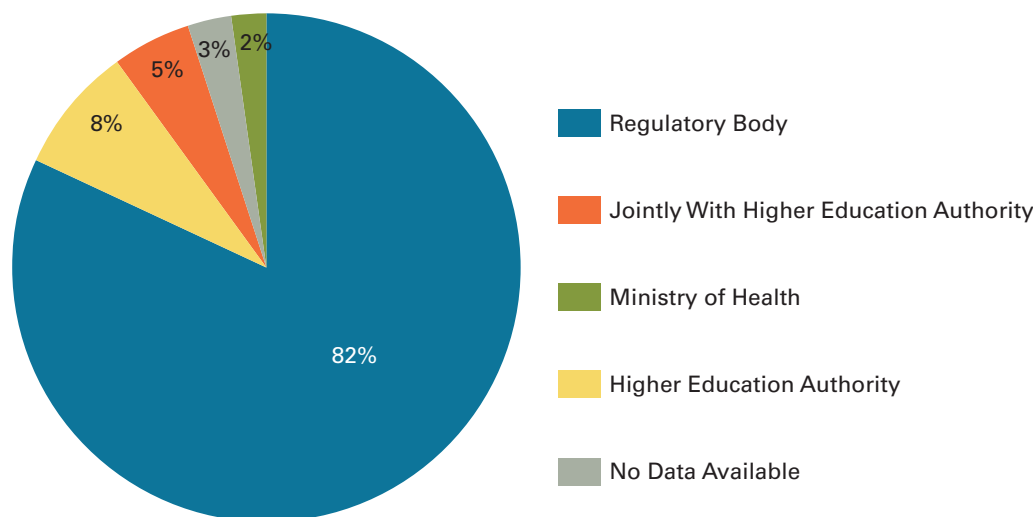
^aNurses wishing to work in Togo must join the National Association of Nurses, as there is no dedicated government regulatory body.

Nursing Program Approval

The authority to approve nursing programs/schools is most commonly vested in NRBs, as 33 NRBs have authority over nursing education in Africa (Figure 1). In Rwanda and South Africa, the approval of programs is shared jointly with each country's respective higher education authority. In five countries, the responsibility for approving programs is held elsewhere: (a) in Kenya and Togo, the ministry of health is responsible; (b) in Ethiopia and Congo, the ministry of higher education is responsible; and (c) in Egypt, the General Directorate of Technical Education for Health is responsible. Data were unavailable as to how the process is handled in the Seychelles.

FIGURE 1

Nursing Program Approval Authority in Africa



Continuing Competence

Continuing Competence within the nursing profession appears to be a requirement throughout approximately half of Africa, including Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Morocco, Mozambique, Namibia, Nigeria, Rwanda, the Seychelles, Tanzania, Uganda, Zambia, and Zimbabwe. Many countries, however, do not explicitly address continuing education in their regulations or nursing council websites. Jurisdictions address continuing competence requirements differently. For example, the Nursing and Midwifery Council of Botswana and the Lesotho Nursing Council both require nursing professionals to demonstrate continuing learning and submit completed continuing professional development booklets to the Council for approval. The Ethiopian Health Professionals Council requires renewal of professional continuing competence every 5 years. The Nursing and Midwifery Council of Ghana requires nursing professionals to participate in continued development of knowledge, skills, and attitudes by participating in a minimum number of approved professional development activities (the minimum varies by nurse type).

Practice

Overall, areas of authorized practice data vary across all nurse types in some African countries. Data related to specific areas of practice for RNs are unavailable. Such is the case in Mali, Mauritania, Mozambique, Niger, Nigeria, the Seychelles, Eswatini, Uganda, and Zambia.

in nine countries where data was available, nurses have authority to prescribe medications, refer patients, and diagnose illnesses, but in varying circumstances and to varying degrees.

In Botswana, registered midwives, family nurse practitioners (NPs), and community health nurses may diagnose patients and refer them for additional medical care. Both Botswanan RNs and psychiatric nurses have prescriptive authority; however, the medications they can prescribe depend on the drug catalog. In Ghana, registered midwives and registered public health nurses may refer patients for additional medical care. Nurses and midwives in Benin have prescriptive authority and may refer patients for additional medical care. In addition, the Cameroon Ministry of Public Health grants ophthalmic nurses the authority to diagnose common eye problems and refer patients for care. Nurses, midwives, and specialist nurses in Lesotho are authorized to make nursing diagnoses and refer patients for additional medical care. In Namibia, nurses can prescribe medications under an issued license and administer standard prescribed medicines and treatment. They may refer patients but may not diagnose illnesses. In Madagascar, nurses can prescribe medications within legal limits, in addition to appropriate radiological or laboratory tests. They can also refer patients and diagnose illnesses. Similarly, nurses in Malawi can prescribe iron tablets, malaria dosage, automatic transport ventilators, all nonprescription drugs, and some prescription drugs, while also maintaining authority to refer and diagnose. In Togo, certified nurses may prescribe medications including analgics, anti-inflammatories, vitamins, anti-anemic medications, antibiotics, anti-malarial medications, and anthelmintics; they are also authorized to refer patients and diagnose illnesses.

Practice data for an RN in Tunisia are unavailable, but a Tunisian midwife (wise woman) has the authority to prescribe medications and refer patients. In Cameroon, a qualified wise woman has the authority to refer patients for additional medical care. This type of midwife has prescriptive authority only as necessary for obstetric purposes. Similarly, in Congo, a wise woman can refer patients as necessary to the exercise of the profession and may diagnose pregnancies.

Discipline

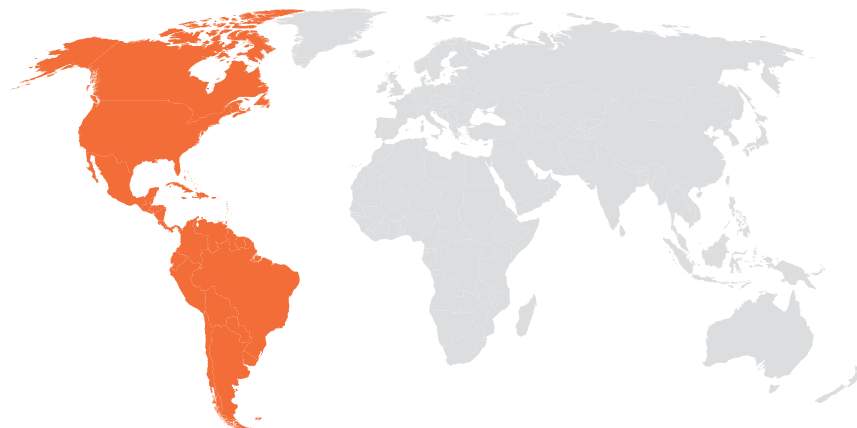
Governing bodies in many jurisdictions have authority to take disciplinary measures against nursing professionals who violate standards of professional conduct. In terms of discipline, the following actions are commonly taken in Africa: (a) suspension of practice, (b) removal of name from register/refusal to register/restricted registration, (c) revocation or denial of license, (d) warnings, (e) practice probation, (f) probation, (g) fine or civil penalty, (h) practice limitation with/without probation, (i) intensified supervision, (j) reprimand, and (k) imprisonment. Kenya, Lesotho, and Liberia use additional disciplinary measures inclusive of the requirement of additional training and education at the cost of the nursing professional.

Just as some jurisdictions offer a public registry of verified nursing professionals, some jurisdictions offer a public database where disciplinary records of nursing professionals are freely available. Disciplinary records are available to the public in a limited number of African countries, including Cameroon, Ethiopia, Gambia, Malawi, Morocco, South Africa, Uganda, and Zimbabwe. Jurisdictions where such records are available in the same source as the registry of nurses include Cameroon, Ethiopia, Gambia, and Uganda. However, Ghana and Malawi both hold disciplinary records of nursing professionals in a separate database, which is open to the public in the council offices and available by inspection. In Morocco, records of sanctions are published in the National Bulletin. South Africa's disciplinary records against nursing professionals are stored in an online database, but the country is currently developing an integrated electronic system to include human resources, finance, registration, and examinations, among other areas. This comprehensive system allows accessibility of a nurse's education and professional history from the training stage of nursing through retirement or death.

Most commonly, if an online database is not maintained, one can look to a jurisdiction's national gazette or newspaper or file a request with a respective nursing council office to inspect a nursing registry. Such is the case in Ethiopia, Ghana, Guinea, Liberia, Mozambique, and the Seychelles. The Nursing and Midwifery Council of Botswana is in the process of establishing a system for public access to its registry. Other African nations simply restrict registry access altogether, or their level of transparency related to monitoring nursing professionals is unknown. Such is the case in Benin, Burkina Faso, Burundi, Cape Verde, the Central African Republic, Libya, Mali, Mauritania, Namibia, Niger, Rwanda, Eswatini, Tanzania, and Togo, which accounts for 25% of Africa.

The Americas

The Americas are broken into the following regions: Canada, Caribbean nations and territories, Central America, Mexico, South America, and the United States.



Canada

Canada comprises 13 provinces and territories including Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, the Northwest Territories, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, and the Yukon. For the purposes of this report, the Northwest Territories and Nunavut was considered one jurisdiction. All Canadian jurisdictions are members of the Canadian Free Trade Agreement (CFTA). Part of this agreement allows workers in a regulated profession, such as nursing, who are authorized in one province to have their qualifications recognized throughout all Canadian provinces without completing any additional requirements.

Regulation and Governance

Each Canadian province or territory maintains an independent nursing council, usually referred to as a nursing college, to regulate the profession. Canada is distinct in that most jurisdictions maintain more than one NRB (Table 4). For example, in Alberta, there are three regulatory bodies: the College and Association of Registered Nurses of Alberta, the College of Licensed Practical Nurses of Alberta, and the College of Registered Psychiatric Nurses of Alberta. Public protection is the mandate for all Canadian territories/provinces, and promotion of the nursing profession is also part of the mandate in New Brunswick, the Northwest Territories and Nunavut, Prince Edward Island, Saskatchewan, and the Yukon.

TABLE 4

Canadian Nursing Colleges (Councils)

Province/Territory	Nursing College
Alberta	College and Association of Registered Nurses of Alberta College of Licensed Practical Nurses of Alberta College of Registered Psychiatric Nurses of Alberta
British Columbia	British Columbia College of Nursing Professionals
Manitoba	College of Registered Nurses of Manitoba College of Registered Psychiatric Nurses of Manitoba College of Licensed Practical Nurses of Manitoba
New Brunswick	Nurses Association of New Brunswick Association of Licensed Practical Nurses
Newfoundland and Labrador	Association of Registered Nurses of Newfoundland and Labrador College of Licensed Practical Nurses of Newfoundland and Labrador
The Northwest Territories and Nunavut	Registered Nurses Association of the Northwest Territories and Nunavut
Nova Scotia	College of Registered Nurses of Nova Scotia College of Licensed Practical Nurses of Nova Scotia
Ontario	College of Nurses of Ontario

TABLE 4 (continued)

Province/Territory	Nursing College
Prince Edward Island	College of Registered Nurses of Prince Edward Island College of Licensed Practical Nurses of Prince Edward Island
Quebec	College of Nurses of Quebec
Saskatchewan	Saskatchewan Registered Nurses Association Saskatchewan Association of Licensed Practical Nurses Registered Psychiatric Nurses Association of Saskatchewan
The Yukon	Yukon Registered Nurses Association

Each NRB comprises both nurses and public members, and Nova Scotia includes one nonvoting student member. The number of NRB members ranges from seven in Quebec and the Yukon to 39 members in Ontario. Most NRBs require nurses to be actively registered or licensed and in good standing to serve as a member. British Columbia, Quebec, and the Yukon, require their representatives to be residents of the province. British Columbia places a few more requirements on those serving, specifying they must not have any insolvency, unprofessional conduct (in practice or in public service), or affiliation with a nursing professional organization. Prince Edward Island's regulatory bodies conduct a criminal history background check on those serving.

The responsibilities of all regulatory bodies throughout Canada include licensing and registering of nurses, administering nursing laws and regulations, making scope of practice decisions, and disciplining nurses. All but Saskatchewan include creating legislation as a governance power.

The NRBs have the authority to require a national examination for regulation/licensure as well as the authority to approve nursing schools/programs. However, the Yukon does not have a school of nursing for RNs or NPs. As a result, all RNs or NPs in the Yukon have obtained their nursing education in another jurisdiction.

Licensure and Regulation Requirements to Practice

In Canada, most jurisdictions authorize nurses to practice via registration, if not licensure. Alberta, British Columbia, Manitoba, New Brunswick, the Northwest Territories and Nunavut, Ontario, Prince Edward Island, Saskatchewan, and the Yukon all require registration. Newfoundland and Labrador, Nova Scotia, and Quebec issue nursing licenses. Once registered or licensed, a public database is typically the means by which a nursing professional's credentials are verifiable. Today, all Canadian jurisdictions except the Yukon maintain an online, publicly accessible database. A language proficiency examination is required in all Canadian jurisdictions for nurses applying for licensure/registration from another country. Additionally, some Canadian regulatory bodies report that NPs may require additional authorization to prescribe certain medications. Prince Edward Island also requires liability insurance.

Nursing professionals in all Canadian jurisdictions must complete their education and other requirements, including a national examination, before they may be registered or licensed. Most Canadian jurisdictions administer the NCLEX-RN examination for registered nurses, the Canadian Practical Nurse Registration Examination (CPNRE) for practical nurses, and specialty examinations for additional nursing roles, including the Registered Psychiatric Nurses of Canada Examination (RPNCE). (The exception is Quebec, which offers its own examinations).

International nurses applying for licensure/registration in all Canadian jurisdictions are required to apply to the National Nursing Assessment Service to be assessed for the comparability of their nursing education to the Canadian system. The national service provides results to the appropriate provincial regulatory body, and a determination is made by the provincial body whether to license or register in that province.

Nurse Types and Titles

There are generally four nurse types per province or territory, including RNs, licensed practical nurses (LPNs), NPs, and registered psychiatric nurses (Tables C5 and C6). New Brunswick recognizes four additional nurse types, including public health nurses, clinical nurse specialists, community health nurses, and private duty nurses (Table C6).

Education

The nursing education program requirements for the Canadian jurisdictions are presented in Tables C5 and C6.

Continuing Competence

All of Canada requires continuing competence. Specifically, British Columbia requires RNs to work a minimum number of practice hours (1,125 hours over 5 years); complete a confidential self-assessment of their practice using applicable nursing council standards of

practice; seek and receive peer feedback (if they were engaged in practice during the previous year); develop and implement a learning plan based on their self-assessment and peer feedback; and evaluate the impact of their learning on their practice.

The New Brunswick Nursing Councils and the majority of other Canadian provinces and territories that require self-assessment state that nurses need a learning plan and evaluation to satisfy continuing competence, which may include: (a) seeking peer feedback; (b) reading articles and/or textbooks; (c) networking and consulting with experts in a nursing facility; (d) shadowing an expert nurse; (e) attending clinical practice rounds, seminars, in-services or workshops; (f) watching a video; (g) attending or participating in a clinical case presentation; (h) enrolling in continuing education courses; (i) attending conferences; (j) completing certification in one's specialty area; and (k) mentoring a peer.

Practice

In Alberta, RNs may only prescribe medications from an approved list and may also refer patients. In British Columbia, they may prescribe medications in accordance with Schedule I of the Drug Schedules Regulation for the purpose of treating certain illnesses and disorders. They may also make diagnoses, but are restricted from referring patients. In most Canadian jurisdictions, NPs are authorized to prescribe medications, diagnose illnesses, and refer patients (Table 5).

TABLE 5

Nursing Practice Authority in Canada by Jurisdiction

Province/Territory	Nurse Type	Prescriptive Authority	Diagnosis	Referral to Other Services
Alberta	LPN	No	No data	No
	Psychiatric nurse	No	No data	No
	RN	Yes; may only prescribe medications from an approved list.	No data	Yes
	NP	Yes	No data	Yes
British Columbia	LPN	Yes	Yes	
	RN	Yes	Yes	
	Registered psychiatric nurse	Depends	Yes	Yes
	NP	Yes	Yes	Yes
Manitoba	LPN	No data	No data	No data
	RN	No	Yes	Yes
	Registered psychiatric nurse	No	No data	No data
	NP	Yes	No data	Yes
New Brunswick	LPN	No data	No data	No data
	RN	No	No	No
	NP	Yes	Yes	Yes
	Registered psychiatric nurse	No	No	No
	Public health nurse	No data	No data	No data
	Clinical nurse specialist	No data	No data	No data
	Community health nurse	No data	No data	No data
	Private duty nurse	No data	No data	No data
Newfoundland and Labrador	LPN	No data	No data	No data
	RN	No	Yes, nursing diagnosis only	Yes, in a limited capacity
	NP	Yes	Yes	Yes
Nova Scotia	LPN	No	No	No
	RN	No	Yes, nursing diagnosis only	Yes
	NP	Yes	Yes	Yes
Northwest Territories and Nunavut	LPN	No	No data	No
	RN	No	No data	No
	NP	Yes	No data	Yes
Ontario	Registered practical nurse	No	No data	No
	RN	No	No data	No
	NP	Yes	No data	Yes

TABLE 5 (continued)

Province/Territory	Nurse Type	Prescriptive Authority	Diagnosis	Referral to Other Services
Prince Edward Island	LPN	No data	No data	No data
	RN	No data	No data	No data
	NP	Yes	Yes	Yes
Quebec	RN	Yes	Yes	No
	NP	Yes	Yes	Yes
Saskatchewan	LPN	No	No	No
	Registered psychiatric nurse	No	No	No
	RN	No	No	No
	RN (additional authorized practice)	Yes	Yes	Yes
	NP	Yes	Yes	Yes
Yukon	RN	No	No	No
	NP	Yes	No	Yes

Note. LPN = licensed practical nurse; NP = nurse practitioner; RN = registered nurse.

Discipline

In terms of discipline, the following actions are commonly taken in Canada: (a) censure, (b) cease and desist orders, (c) reprimand, (d) suspension of license or registration, (e) remediation, (f) warnings, (g) fine or civil penalty, (h) practice limitation with or without probation, (i) probation, (j) assessment of costs, (k) surrender of license, (l) revocation or denial of license, (m) supervised practice (which may have time limitations and performance review requirements), (n) community service, and (o) citation orders.

As most countries incorporate a nursing professional's disciplinary history into their nursing registry, Canada also maintains a great degree of transparency related to its nursing professionals. Disciplinary records are available to the public in Alberta, British Columbia, New Brunswick, Nova Scotia, Ontario, and Quebec. Information related to the availability of disciplinary records is unavailable in Manitoba, the Northwest Territories and Nunavut, Prince Edward Island, and the Yukon. Saskatchewan restricts disciplinary data for registered psychiatric nurses but grants public access to disciplinary records for other nurse types, including LPNs. The nursing councils in Newfoundland and Labrador restrict nursing disciplinary records altogether.

The Caribbean Community (CARICOM)

The Caribbean region comprises numerous islands in the Caribbean Sea off the east coast of Central America and north coast of South America, as well as some coastal countries on continental Central and South America, namely, Belize, Suriname, and Guyana, that are culturally connected to the island region. The majority of jurisdictions in this region participate to some degree in the Caribbean Community (CARICOM) compact. The jurisdictions are organized here as CARICOM member states, associate member states, and non-CARICOM nations.

CARICOM Member States

CARICOM is comprised of Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

Regulation and Governance

Regulatory bodies that govern and regulate nursing in CARICOM member states are most commonly national nursing councils, which are independent from bodies that regulate other professions. Each nursing council consists of seven to 16 members (Table 6).

In Haiti and Suriname, a national Ministry of Health is the regulatory body that governs nursing and other health professions. In Haiti, the Department of Nursing within the Ministry of Health and Population holds nursing regulatory authority. This body holds the power to license nurses, ensure adequate financing, promote both public protection and the nursing profession, handle nursing work force and labor issues, ensure national and international standards, take disciplinary action, administer nursing laws and regulations, make decisions on nursing scope of practice, and approve nurse training and education programs. In Suriname, the Ministry of Health has regulatory authority regarding nursing and promotes public protection, administer nursing laws and regulations, make decisions on nursing scope of practice, participate in disciplinary action, approve nurse training programs, and create nursing legislation.

Guyana and Suriname are unique in that both jurisdictions are also associate members of the Southern Common Market (MERCOSUR), which is a regional compact of South American nations that collaborate to generate business and development of the region. As associate members, Guyana and Suriname have entered into agreements with member states regarding economic integrations in Latin America; however, they follow CARICOM nursing standards and recommendations.

Montserrat is a British territory; it is autonomous, and its constitution is provided for under the United Kingdom. As such, citizens of Montserrat are also British citizens. The Montserrat Nurses and Midwives Board is the governing body for nursing; however, the British Crown retains the power of ultimate judicial appellate review.

Most CARICOM member state nursing councils share a common mandate to promote public protection and the nursing profession. Antigua and Barbuda, Haiti, and Jamaica oversee nursing workforce, labor, or union issues. Haiti also incorporates a mandate to ensure adequate financing. Each CARICOM member state nursing council has the authority to license nurses, require a national examination to practice nursing, administer nursing laws and regulations, make decisions on nursing scope of practice, and participate in disciplinary action. Notably, only Belize, Dominica, Saint Lucia, Suriname, and Trinidad and Tobago can extend authority to either create nursing legislation or participate in its creation.

Composition of the NRB

The NRBs of Antigua and Barbuda, Bahamas, and Grenada, and St. Lucia are composed of both nurses and physicians. Grenada also includes a registered midwife and a nursing assistant among its council members. Dominica and Montserrat include nurses, physicians, and public members. Barbados includes a mix of nurses, Minister appointees, ex officio members, and a member of the general public. Belize also includes public representatives on its nursing council.

The NRBs of Antigua and Barbuda, Guyana, Saint Lucia, and Trinidad and Tobago are a mix of appointed and elected representatives. In Antigua and Barbuda, at least two members must be RNs. The Bahamas and Saint Lucia nursing councils include medical practitioners among their members. Jamaica's Minister of Health appoints the nursing council members with recommendations from professional nursing/midwifery organizations. Grenada also includes a registered midwife and a nursing assistant among its council members. Dominica and Montserrat include nurses, physicians, and public members. Barbados includes a mix of nurses, Ministry appointees, ex officio members, and a member of the general public. Belize also includes public representatives on its nursing council.

TABLE 6

Number of Members on Nursing Regulatory Bodies in Caribbean Community Member States

Jurisdiction	Number of Members	Jurisdiction	Number of Members
Antigua and Barbuda	7	Guyana	15
Dominica	7	Jamaica	15
Montserrat	7	Trinidad and Tobago	16
Saint Lucia	9	Haiti	Not available
Bahamas	10	Saint Kitts and Nevis	Not available
Grenada	12	Saint Vincent and the Grenadines	Not available
Belize	13	Suriname	Not available
Barbados	15		

Licensure and Registration Requirements to Practice

CARICOM member states grant authorization to practice nursing via registration or licensure. Authorization is granted after the nursing professional has completed the education and training requirements set forth by CARICOM, as well as the respective nursing council or Ministry of Health. The majority of member states recognize authority to practice through registration; however, Grenada and Saint Lucia authorize practice by licensure. Haiti recognizes authority to practice by both licensure and registration.

Nurse Types and Titles

There are generally four-to-six nurse types overall per jurisdiction, including that of an RN, NP, midwife, and nursing assistant.

Education

CARICOM requires a 4-year bachelor of science in nursing degree for registration or licensure. Additional education and training requirements vary among nursing professions (Table C7).

Many member states (Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, and Saint Vincent and the Grenadines) grant their nursing councils authority to approve nursing education programs. Although the national nursing councils in Barbados and Trinidad and Tobago have broad authority, authorization of nurse education programs is approved by each Ministry of Health.

Continuing Competence

Following entry into practice, continuing competence is required by a majority of CARICOM member states. This requirement must be completed either biannually, or by the time of license renewal. In the Bahamas, for instance, it is necessary for a nursing professional to complete educational contact hours in order to renew their professional license.

Practice

The authorized areas of practice within the nursing profession vary between member states. For example, Dominican RNs may diagnose and refer patients and have prescriptive authority. Specifically, they may prescribe oral, intramuscular, and intravenous medications. Likewise, RNs in Montserrat are allowed prescriptive authority; however, they may only prescribe simple analgesics, mild antacids, vitamins, and anti-flatulent drugs. In Haiti, pediatric nurses may diagnose patients. In Trinidad and Tobago, midwives may refer patients for additional medical care, while in the Bahamas and Barbados, they are authorized to prescribe dietary supplements.

Discipline

Nursing professionals in CARICOM member states are held to a code of ethics or standards and are expected to execute their professional roles in a manner consistent with the code. Most CARICOM NRBs implement certain disciplinary actions and measures to nursing professionals who have broken the code. Disciplinary measures that some member states take include a fine or civil penalty, license suspension, surrender of license, license revocation, community service, continued training, or imprisonment. Regulatory bodies may also issue a censure, reprimand, warning, denial of a license, or the removal of a professional's name from the nursing register.

Some member states have made the disciplinary records of such individuals either publicly available or available upon request. The Bahamas, Barbados, and Jamaica publish this information in their national gazette or newspaper. Belize, Haiti, and Trinidad and Tobago make such information available only upon request.

Associate Member States

In addition to the 15 member states that comprise CARICOM, there are five associate member states: the British Virgin Islands, Anguilla, Bermuda, Cayman Islands, and Turks and Caicos Islands.

Regulation and Governance

All five CARICOM associate member states are also British territories, and each state's constitution is provided for under the United Kingdom. As such, citizens of each associate member state are also citizens of the United Kingdom. Although each associate members' governing body may regulate nursing, the British Crown retains the power of ultimate judicial appellate review.

The regulatory bodies that govern and regulate nursing in all associate member states are national nursing councils, which are independent from the regulation of other professions. Each nursing council consists of five or more members (Table 7).

TABLE 7

Number of Members on Nursing Regulatory Bodies in Caribbean Community Associate Member States

Associate Member Jurisdiction	Number of Members	Associate Member Jurisdiction	Number of Members
Turks and Caicos Islands	5	Bermuda	9
Cayman Islands	6	Anguilla	Not available
British Virgin Islands	7		

All CARICOM associate member nursing councils have a mandate to promote public protection and the nursing profession. Largely, these regulatory bodies have the authority to license nurses, require a national examination to practice nursing, administer nursing laws and regulations, make decisions on nursing scope of practice, and participate in disciplinary action. The Anguilla Nursing Council holds the additional power to create legislation, while the mandate of the British Virgin Islands Nurses and Midwives Council allows for any other activity that may be required under the Nurses and Midwives' Act. Additionally, the British Virgin Islands and Anguilla hold the power to approve nurse education and training programs.

In contrast, the Bermuda Nursing Council holds many of the powers mentioned above except licensing authority and the power to approve nursing education and training programs. Instead of issuing a national license to practice in the nursing profession, Bermuda allows authority to practice by endorsement. In this case, the nursing professional should have successfully passed a qualifying examination in another jurisdiction and must subsequently petition the Bermuda Nursing Council for authorization to practice in Bermuda. Nurses who have been trained in Bermuda will sit for the NCLEX in New York.

Licensure and Registration Requirements to Practice

Apart from Bermuda, who allows authority to practice by endorsement, as discussed above, associate member states of CARICOM grant authorization to practice nursing by way of registration or by combination of licensure and registration. Authorization is granted after the nursing professional has completed the education and training requirements set forth by CARICOM, as well as the respective nursing council. For example, nursing professionals in the British Virgin Islands and Turks and Caicos Islands need only be registered in order to practice the profession. On the other hand, nursing professionals in the Cayman Islands and Anguilla are required to be both licensed and registered.

The names of nursing professionals authorized to practice in associate member states are found in a nursing registry. In all associate member states, this registry is available to the public and can be found online, in the national newspaper, or by visiting the office of the respective nursing council.

Nurse Types and Titles

CARICOM associate member states employ standard titles and language. There are generally four to six nurse types per jurisdiction, including RNs, nursing assistants, NPs, and midwives (Table C8).

Education

Associate member states follow CARICOM nursing education standards. These standards mandate that for nurses to be registered or licensed with a bachelor of science in nursing degree, they shall have completed 4 years of training and education. Additional education and training requirements vary regarding nursing professions (Table C8).

Continuing Competence

Following entry into practice, continuing competence is regularly required by all associate member states and for many nurse types. This requirement is usually biannual or by the time of license renewal.

Practice

Authorized practice areas within the nursing profession varies between associate member states. In Bermuda, an advanced practice nurse has authority to refer patients for additional medical care but does not have authority to prescribe.

Discipline

Nursing professionals of CARICOM associate member states are held to a code of ethics or standards and are expected to execute their professional roles in a manner consistent with the code. All regulatory bodies of associate member states implement certain disciplinary actions and measures to nursing professionals who have broken the code. Disciplinary measures that some associate member states take include the order of a fine or civil penalty, license suspension, summary suspension, surrender of license, license revocation, continued training, or imprisonment. Regulatory bodies may also issue a censure, reprimand, warning, denial of a license, license surrender, limit on professional practice, denial of license renewal, or the removal or cancellation of a professional's name from the nursing register. Some associate member states have made the disciplinary records of such individuals publicly available, including the British Virgin Islands, Cayman Islands, and Turks and Caicos Islands. These records may be found either in the respective national gazette or newspaper or other forms.

Non-CARICOM Nations

There are additional Caribbean nations outside of CARICOM. The following analysis focuses on Aruba, Cuba, Martinique, and the Dominican Republic, which are independent of CARICOM. For jurisdictional convenience, the Caribbean jurisdictions of the U.S. Virgin Islands and Puerto Rico are included in the analysis of the United States.

Regulation and Governance

The National Association of Nurses in Cuba and the National Council Order of Nurses in Martinique are the regulatory bodies that govern and regulate nursing in those islands. They are independent from bodies that regulate other professions. These regulatory bodies hold the power to license nursing professionals, administer laws, promote public health and the nursing profession, and discipline

nurses. Cuba's National Association of Nurses holds additional powers to create legislation, make decisions on nursing scope of practice, contribute to nursing research, and participate in educational concerns in conjunction with its Ministry of Public Health.

Martinique is an overseas department of France. As such, Martinique is a part of the European Union (EU) and its citizens are also French citizens. Martinique's National Council Order of Nurses, through its Regional Health Authority, is an independent governing body, yet it follows French nursing regulations under the French Ministry of Solidarity and Health.

Larger agency bodies govern the nursing profession in Aruba and the Dominican Republic. Aruba is an overseas territory of the Netherlands and its citizens are also citizens of the Netherlands. However, Aruba is not a member of the EU and maintains its own laws. As such, the Ministry of Tourism, Public Health, and Sports regulates the nursing profession. The Ministry of Public Health and Social Assistance regulates nursing in the Dominican Republic and is composed of ex officio members, public officials, and medical/health professionals.

The powers of the regulatory bodies in both Aruba and the Dominican Republic include: (a) creating legislation, (b) taking disciplinary action, (c) administering nursing laws and regulations, (d) promoting public protection and the nursing profession, (e) making decisions on nursing scope of practice, and (f) licensing nursing professionals. In addition, the Dominican Ministry of Public Health and Social Assistance handles nursing profession labor and workforce issues, as well as matters in continuing competence.

No data are currently available on the number of members in the NRB of the non-CARICOM members.

Licensure and Registration Requirements to Practice

Each of the non-CARICOM jurisdictions grant authorization to practice nursing via registration or licensure. Notably, Aruba grants authorization to practice by the issuance of a Certificate of Competence. Authorization is granted after the nursing professional has completed the education and training requirements set forth by the respective regulatory body.

As with Caribbean nations that participate in CARICOM, the names of nursing professionals in Aruba, Cuba, Martinique, and the Dominican Republic who can practice are found in a nursing registry. This registry may be available online, in each nation's newspaper, inside the office of the governing body, or a combination of all the above. Uniquely, the registry of nursing professionals of Martinique is available through the French online nursing registry. The Dominican Republic allows access to its registry of nursing professionals by request through the Ministry of Public Health and Social Assistance.

Nurse Types and Titles

Only three non-CARICOM nations reported data on nurse types, and they used simple titles and standard language. There are generally no more than three types per jurisdiction, including nurses, doctors of nursing, and midwives (Table C9).

Education

Professional education and training requirements vary in Aruba, Cuba, and Martinique (Table C9). For instance, a nurse may be authorized to practice in Aruba and Martinique after only 3 years of training, whereas a nurse with a bachelor of science in nursing in Cuba is subject to 5 years of education and training.

Continuing Competence

The Dominican Republic includes the promotion of continuing education/competence among its regulatory body mandates, though data are lacking on its specific continuing competence requirements. Nursing professionals in Martinique must comply with continuing competence requirements, which stipulate the professional must justify nurse training, evaluation, analysis, and improvement in nursing practices and risk management over 3 years.

Practice

The areas of practice within the nursing profession varies between all jurisdictions. In Aruba, midwives have authority to diagnose patients and refer them for additional medical care. They also hold limited prescriptive authority, as they may prescribe medication if a doctor is unable to administer or prescribe the necessary medication. Midwives in Martinique also hold limited prescriptive authority. They may prescribe vaccinations for women and newborns under measures as determined by decree. In addition, they may also prescribe drugs of a therapeutic class appearing on a list fixed by the French Ministry of Solidarity and Health. Nurses in Martinique may refer patients for additional care. They also have the authority to renew prescriptions that are less than 1 year old and that comport with a list set by the Ministry of Solidarity and Health. Nurses in Martinique may prescribe nicotine supplements. In Cuba, nurses may diagnose patients and refer them for additional medical care. They also have prescriptive authority; however, that authority varies depending on the specific type of specialist nurse. Licensed nurses in Cuba may diagnose patients and refer them for additional care.

Discipline

Similar to CARICOM member and associate member states, most nursing professionals in other non-CARICOM nations are held to a code of ethics or standards and are expected to execute their professional roles in a manner consistent with the code. Disciplinary measures that Aruba, Martinique, and the Dominican Republic take include the issuance of fines or civil penalties and the denial of professional certificates or licenses. Additional disciplinary measures taken by Martinique and the Dominican Republic include an order of reprimand, warnings, sanctions, and suspensions. Martinique disciplinary measures may also include imprisonment or a prohibition or limitation on the authorization to practice nursing, whereas the Dominican Republic may also order any other sanction consistent with that nation's Trujillo Public Health Code. Martinique makes its disciplinary records of nursing professionals publicly available through its National Council of Nurses and its Automated Directory of Health Professionals database.

Central America

Central America includes Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Currently, these countries are not members of any regional compacts or mutual agreements that influence the nursing profession. The Central American nation of Belize is included among the CARICOM member states due to its membership therein, and is not discussed in this section. Information for Panama was not publicly available; thus, Panama is not in this report.

Regulation and Governance

In terms of nursing governance, both independent NRBs and larger agencies regulate the nursing profession throughout Central America. Costa Rica and Honduras are governed by independent bodies, while El Salvador, Guatemala, and Nicaragua are regulated by their respective Ministry of Health organizations.

The mandates of most of the Central American NRBs include public protection, promotion of the profession, and/or workforce, labor, or union issues. However, El Salvador identifies professional practice surveillance as its primary mandate.

Except for Honduras, all other Central American NRBs have the authority to require and designate a required national examination to practice nursing. All NRBs also have the authority to approve nursing schools/programs; however, El Salvador works in conjunction with its Ministry of Education to approve nursing schools and programs, and Honduras reserves this authority entirely to its Higher Education Council (*Consejo de Educacion Superior*).

The majority of the NRBs in this region are responsible for administering nursing laws and regulations, making decisions about scope of practice, and disciplining nurses.

Nurses compose the NRBs for Costa Rica, El Salvador, and Honduras, whereas public servants are regulatory body members in Guatemala. There is no information available for the composition of the Nicaraguan NRB. The number of members serving on each NRB is shown in Table 8.

El Salvador requires that all members or alternate members of the NRB are Salvadoran, are citizens older than 30 years, are professionally trained with practice experience, live in the country for 5 years prior to their appointment or election, and are "of recognized morality." Members are elected in Honduras and Costa Rica, but data are lacking about requirements to serve.

TABLE 8

Number of Members on Nursing Regulatory Bodies in Central America

Country	Number of Members	Country	Number of Members
Costa Rica	8	Guatemala	Not available
Honduras	10	Nicaragua	Not available
El Salvador	14		

Licensure and Registration Requirements to Practice

All Central American NRBs are responsible for licensing/registering nurses. Registration and licensure are both required in El Salvador, whereas Guatemala and Nicaragua only require registration. Costa Rica and Honduras issue licenses to authorized nursing professionals.

Costa Rica, El Salvador, and Nicaragua require a national examination after education is completed, whereas Honduras does not. There are no data available for Guatemala.

Once registered and/or licensed, a public database is the means by which a nursing professional's credentials are verifiable. Only Guatemala and Nicaragua utilize an online, public database. El Salvador and Honduras restrict all access to nursing-related informa-

tion, including disciplinary actions. It is not clear what level of transparency Costa Rica maintains concerning information related to its nursing professionals.

Nurse Types and Titles

As far as categorizing nurse types, there are generally no more than four nurse types per jurisdiction and these types include nurses, midwives, specialized nurses, and nurse assistants. Midwifery is recognized and regulated by registration in Nicaragua, and Guatemala incorporates educational levels into its nurse titles (Table C10).

Education

There is limited education data available for the duration and program entry requirements for all nurse education programs in Central America. The bachelor of nursing program in El Salvador and primary nurse program in Honduras are 5 years in duration, whereas the RN program in Nicaragua is 3 years in duration to read in America (Table C10).

Continuing Competence

Continuing Competence are required in Costa Rica, Guatemala, and Nicaragua, but not in El Salvador and Honduras.

Practice

Practice data for nurses vary across Central America and are unavailable in Guatemala and Nicaragua. Nurses in Honduras are authorized to diagnose illnesses and refer patients. It is not clear whether Honduran nurses can prescribe medications. In contrast, nurses in Costa Rica are completely restricted from performing any of those functions. El Salvador grants nurses limited prescribing rights (including the authority to prescribe supplemental vitamins, anti-parasitics, and antipyretics) and full authority to diagnose illnesses and refer patients.

Discipline

Past or current disciplinary actions are publicly accessible as part of a nursing registry in those countries that have one. In terms of discipline, the following actions are commonly taken in Central America: (a) suspension, (b) revocation, (c) warnings, (d) fine or civil penalty, (e) admonishment, (f) reprimand, (g) surrender or denial of license, (h) removal or denial of name from register, and (i) practice limitations.

Mexico

The United Mexican States (Mexico) is a federal republic composed of 31 states and the Federal District. The nursing profession is regulated at the federal level.

Regulation and Governance

The Mexican regulatory body for nursing is the Ministry of Health, which is a larger agency that regulates many professions and is mandated to provide public protection and promote the nursing profession.

The Ministry of Health in Mexico is responsible for administering nursing laws and regulations, making decisions about scope of practice, creating nursing legislation, and disciplining nurses. Information is not publicly available as to how large the Mexican Ministry of Health is or what qualifications are required to serve on this regulatory body. Nursing education programs are approved by the Secretary of Health and Secretary of Public Education.

Licensure and Registration Requirements to Practice

Mexico recognizes authorized nursing professionals who have completed their mandatory education and other requirements in the granting of nursing licensure and/or registration. Mexico issues licenses to nursing professionals and uses an online, public database for verifying a nursing professional's credentials.

The Centro Nacional para la Evaluación de la Educación Superior (CENEVAL) examination is required for licensed nurses (a title similar to an RN or general nurse) to practice in Mexico. In addition to educational requirements, graduation examinations are required for master's and doctoral nurses. Additionally, the doctoral nurse must pass a thesis defense. No examinations are required for the remaining nursing types. Nurses coming to Mexico from another country must pass a language proficiency examination.

Nurse Types and Titles

There are seven types of nurses in Mexico that are primarily identified by the level of education required for licensure (Table C11).

Education

In Mexico, nursing education programs are approved by the Secretary of Health and Secretary of Public Education. See Table C15 for requirements for entry into nursing programs and length of nursing education.

Continuing Competence

Mexico does not mandate continuing competence.

Practice

Authorized areas of practice varies based on nursing role and educational level. Table 9 demonstrates the variation in scope of practice for the seven types of nurses in Mexico. The majority of nurses have some level of prescriptive authority, as outlined by a formulary in the *Official Journal of the Federation* (the official government publication similar to a newspaper or gazette in other countries).

TABLE 9

Nurses' Prescriptive, Diagnostic, and Referral Authority in Mexico

Nurse Type	Prescriptive Authority	Diagnosis	Referral to Other Services
Auxiliary nurse	No	No	No
Doctoral nurse	Yes	No	No
General nurse/nurse technician	No	Yes	No
Licensed nurse	Yes	Yes	Yes
Master's nurse	Yes	No	No
Postgraduate nurse	Yes	Yes	Yes
Specialist nurse	Yes	Yes	Yes

Discipline

Verification of a nursing professional's credentials and notifications of past or current disciplinary actions are publicly accessible as part of a nursing registry. In terms of discipline, Mexico commonly uses suspension, revocation, fine or civil penalty, and surrender of license.

South America

Jurisdictions in South America are Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. The Southern Common Market (MERCOSUR) is a South American regional compact whose member states participate in a common space to generate business and investment opportunities through the competitive integration of each national economy and the international market. Regarding nursing, member states are unified by an integrated educational and accreditation framework.

Member states of MERCOSUR include Argentina, Bolivia, Brazil, Paraguay, Uruguay, and Venezuela. Associate members of MERCOSUR are authorized to participate in meetings regarding common interests within the region and between member states, and they may enter into economic integration agreements. Associate states include Chile, Colombia, Ecuador, Guyana, Peru, and Suriname. Guyana and Suriname are included in the section on CARICOM member states, and are not discussed in this section.

Regulation and Governance

Jurisdictions in South America are split as to whether the nursing profession is governed by an independent regulatory body ($n = 4$) or a larger agency ($n = 5$) that also governs other health professions.

The nursing profession in Chile, Colombia, Peru, and Venezuela is governed by independent regulatory bodies. In Chile, Peru, and Venezuela, each national college of nurses governs the profession. In Colombia, the National Association of Nurses is the regulatory body. Each of these independent bodies holds the power to license or register nurses and regulate for the benefit of public protection while promoting the nursing profession. Nearly all of these NRBs hold additional powers to discipline nursing professionals and administer nursing laws and regulations. In Peru and Colombia, each NRB retains the capacity to make decisions about nursing scope of practice and to handle matters related to the nursing workforce. Chile's National Association of Nurses holds the power to make decisions on nursing scope of practice, whereas Venezuela's College of Nurses holds the power to handle matters related to the nursing workforce. In Peru, the College of Nurses maintains the broadest powers of the independent regulatory bodies, as it can propose nursing legislation, authorize specific certification of nursing practice, handle financial issues related to the profession, and address matters related to nursing education.

A larger body, such as a Ministry of Public Health, governs nursing in Argentina, Bolivia, Ecuador, Paraguay, and Uruguay. Each respective body in these jurisdictions regulates nursing and other health professions. These bodies possess the power to license and

discipline nurses, administer nursing laws and regulations, regulate for the benefit of public protection while promoting the nursing profession, handle matters related to the nursing workforce, and make decisions about nursing scope of practice. Nearly all of these bodies possess the additional power to create legislation related to nursing. In some instances, the regulatory body can handle matters of financial and budgetary concern within the profession. The Bolivia Ministry of Health and the Paraguay Ministry of Public Health and Social Welfare are examples of two bodies that retain such a capacity. Only the Ecuador Ministry of Public Health retains the power to handle nursing education and training matters.

Nursing in Brazil is governed by both a national regulatory body (the Federal Council of Nurses) and a regional council located in each of Brazil's 27 states. These regional councils are independent bodies that solely regulate the nursing profession. Regional nursing councils follow federal legislation and adhere to state legislation in line with federal law. Each regional council has the power to license, register, and discipline nurses, promote public protection and the nursing profession, administer nursing laws and regulations, and make decisions on nursing scope of practice. Most of the regional councils handle nursing workforce and labor matters, as well as budgetary and financial issues. Notably, regional nursing councils in Rio de Janeiro and Sao Paulo also hold the power to create nursing legislation.

NRB Composition and Members

Many of the governing bodies under a larger agency are comprised of members and representatives who have been nominated and are then either appointed, elected, or confirmed by the government. Some received their position by ex officio status. Members and representatives are often physicians, nurses, members by ex officio status, or other categories of nursing professionals. Sometimes, such as in Bolivia's Ministry of Health, members are comprised of a certain number of public servants. Paraguay's Ministry of Public Health and Social Welfare is comprised of 37 representatives. Insufficient data were available as to how many members and representatives serve on the remaining South American NRBs.

Members are elected in Chile and Peru; in Colombia, some members are elected and others are appointed. There are insufficient data to determine how Venezuelan members are selected for the NRB.

Each regional nursing council in Brazil consists of the Plenary and the Board of Directors. The Plenary and the Board each retain a certain number of members proportional to the number of nursing professionals, with additional members as substitutes. Most state jurisdictions determine the council shall be composed of three-fifths of nurses and two-fifths of other categories of the nursing profession, for example, nurse technicians.

In general, regional nursing councils in Brazil are comprised of between five and 21 members who are elected to their positions. Some regional councils are composed of more members. For example, the Regional Nursing Council of Rio Grande do Sul consists of 27 members, while the Regional Nursing Council of Parana has 36. Every state's regional nursing council requires council members to be of Brazilian nationality.

Licensure and Registration Requirements to Practice

Jurisdictions in South America are split almost evenly as to the way they authorize practice for nursing professionals. While all jurisdictions keep a register of nursing professionals, about half use registration alone as a form of authority to practice. Other jurisdictions, such as Paraguay, Peru, and Uruguay, use a combination of licensing followed by registration. Still other jurisdictions use additional forms of authorization to practice. In Ecuador, certain nursing professionals, such as advanced practice nurses, nurses, and midwives, are granted authority to practice by certification and registration, while ancestral midwives are granted authority when they are considered "legitimized." Nursing professionals in Argentina are considered authorized to practice after their education is successfully completed.

Each governing regulatory body in Brazil grants authorization to practice by way of registration. Some regional nursing councils allow a nursing professional to register even if that professional does not yet hold a nursing degree or diploma. If the professional receives the nursing degree within 12 months of application for registration, the professional is granted authorization.

Qualifying examinations are required for all nurse types in Bolivia, as well as for nurses, midwives, and nursing assistants in Chile. Nurses and midwives in Ecuador must pass a qualifying examination, as is required of general nurses and midwives in Peru. Argentina does not require an examination for its nurses or licensed nurses. There are insufficient data to determine whether a national qualifying examination is required in Brazilian states.

To be considered for authorization to practice, evidence of good moral character is required for most nurse types in all South American jurisdictions, though these data are lacking for Colombia. For foreign nursing professionals wishing to practice in South America, some jurisdictions (Argentina, Brazil, Uruguay) require a language proficiency examination. Of the 27 Brazilian states, 23 require foreign nursing professionals to pass a Portuguese language proficiency examination.

Nearly all South American jurisdictions, except for Venezuela, retain a publicly available registry of nursing professionals. This registry offers individuals and other health professionals the opportunity to verify the authorization status of a nursing professional. A majority of jurisdictions keep the registry available online, and some make it available within limitations. The Bolivian College of Nurses makes the registry available, but only within the office of the College of Nurses. As such, an individual may need to request

access to the registry from the College. Similarly, the Ecuador Ministry of Public Health holds the nursing registry within health facilities, health districts, and zones. Likewise, the Paraguay Ministry of Public Health and Social Affairs allows public access to the nursing registry only after the individual seeking access has applied for a login account.

Following most South American jurisdictions, regional nursing councils in Brazil retain a publicly available registry of nurses. Some regional councils make theirs available publicly, while most of the regional councils make the registry available online, but by request of the council. The Regional Nursing Council of Minas Gerais does not make its registry openly available; however, access to the registry in Minas Gerais may be requested from the Federal Council of Nurses of Brazil.

Nurse Types and Titles

Argentina, Paraguay, and Venezuela recognize the fewest nurse titles. Argentina recognizes a nurse and licensed nurse, where a nurse holds 3 years of education and a licensed nurse holds 5 years. Paraguay recognizes nurses, nursing assistants, and nursing technicians. According to available data, Venezuela recognizes the RN role. Chile, Ecuador, Peru, and Uruguay recognize forms of midwife in addition to the nurse/RN and nursing assistant/auxiliary nurse roles. Advanced practice or advanced education nurses are recognized in Bolivia, Chile, Colombia, Ecuador, and Peru. Tables C12 through C15 list the types of nurses among South American jurisdictions and their entry to nursing requirements.

Nurse types are generally standard across Brazilian jurisdictions. Each state recognizes a nurse, nursing assistant or auxiliary nurse, and nurse technician. Seventeen Brazilian states recognize either a midwife, an obstetric nurse, or both.¹ Uniquely, Paraíba and Santa Catarina recognize a nurse specialist or specialist nurse, as Sergipe recognizes a mental health nurse.

Ecuador is unique in that it recognizes not only a midwife specialty, but another type of specialty known as an ancestral midwife who is a recognized midwife in the community with more than 10 years of experience and who specializes in natural and traditional Ecuadorean midwifery practices. Ancestral midwives are recognized through a “legitimization” process, which involves midwife training as well as “community empowerment” training specific to a community or region of the country. An ancestral midwife may also be a certified midwife who has trained as an ancestral midwife.

Education

Of all the governing regulatory bodies in the South American jurisdictions, the College of Nurses of Peru and the College of Nursing Professionals of Venezuela hold exclusive authority to approve nursing education and training programs. In other jurisdictions, nursing education and training programs are either approved by a separate governing body, such as the Ministry of Education, or in cooperation between the regulatory body of nursing and a separate governing body. For example, the Ministry of Education approves nurse training and education programs in Brazil. In Bolivia, the Ministry of Health works in cooperation with the Bolivia National Council of Higher Education and the Bolivia Ministry of Education to approve programs. Similarly, each respective Ministry of Education works in conjunction with the NRB in Chile, Ecuador, Paraguay, and Uruguay. In Colombia, a separate College of Association of Nursing Faculty to approve programs (Tables C12 through C15).

Brazil is a member state of MERCOSUR, so nurse training and education is in line with other MERCOSUR member states—adhering to an integrated educational and accreditation framework. This is unlike associate member states, where following specific MERCOSUR education and accreditation framework is not mandatory unless other agreements have been made. MERCOSUR member states in South America offer bachelor’s degree programs (generally 8 semesters) or 5-year programs for RNs, licensed nurses, and nurses. MERCOSUR associate members also require university degrees of between six to eight semesters of education and training.

Programs for nursing assistants or nursing technician vary. For example, a program for nursing assistant in Uruguay (a MERCOSUR member) lasts 24 months, whereas a nursing assistant in Bolivia (Associate MERCOSUR member) lasts 6 months.

In Brazil, regional nursing councils require nurse training and education to be 3-year programs, whereas nursing assistants complete a program after 1.5 years and nursing technicians complete a diploma or certificate program. Advanced and specialized nurses complete additional training in their respective specialties after completing initial training as a nurse. Other MERCOSUR member states require a similar program in nursing that results in a bachelor’s degree or advanced degree in nursing. Brazil’s regional educational program requirements are shown in Table C16.

Continuing Competence

South American jurisdictions overall require some sort of continuing competence, though data are lacking in terms of the details of this process for most jurisdictions and nurse types. General nurses and nurse specialists in Peru must complete additional nurse training of 85 hours per year. Uruguay requires participation in professional training and improvement programs for its nursing assistants, RNs, and midwives, and Venezuela similarly mandates RNs complete “necessary courses for further training and professional development.”

¹ Acre, Alagoas, Amazonas, Goias, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Paraíba, Pernambuco, Rio de Janeiro, Rio Grande do Norte, Rio Grande do Sul, Roraima, Santa Catarina, Sao Paulo, Sergipe, and Tocantins.

Ancestral midwives in Ecuador must go through the legitimization process every 5 years, in a process based on their continued skillset, knowledge, community and cultural acceptance, and cooperation. Areas of the skillset are sexual and reproductive health, referrals of pregnant women, care of newborns, obstetric complications, risk situations, and nutrition, among others.

The Brazilian states of Rio de Janeiro, Rio Grande do Sul, and São Paulo do not require continuing competence for their nurses, nursing assistants, nursing technicians, or midwives. São Paulo also does not require continuing competency for obstetric nurses.

Practice

Although there is limited availability of data within the nursing profession across South America, authorized practice seems to vary depending on nurse type. In Argentina, nurses and licensed nurses both have prescriptive authority and may prescribe any medications. However, neither may refer patients for additional care, nor may they diagnose patients. In Peru, a nurse has a duty to administer healthcare in an emergent situation and, because of this, nurse specialists and general nurses may prescribe medication or refer patients for additional medical care. Both nurse types may diagnose patients. Ancestral midwives in Ecuador may refer patients for additional medical care, diagnose patients, and prescribe medicinal plants and natural remedies.

In Brazil, nurses and advanced or specialized nurses possess authority to offer a nursing diagnosis. In addition, these types of nurses may prescribe medications according to protocols, clinical and therapeutic guidelines, or other technical regulations established by the federal, state, or municipal authorities. These protocols and guidelines are subject to the legal provisions of the profession. Prescriptive authority granted to nurses and advanced or specialized nurses is regarding medications previously established in each respective public health program and those routinely approved by each health institution. Nurses and advanced or specialized nurses, however, do not have the autonomy to request examinations and prescribe medications in isolated private practices. These types of nurses must be working within a health team in order to prescribe, diagnose, or refer and request examinations.

Discipline

South American jurisdictions hold authority to take disciplinary measures against nursing professionals when necessary. Most regulatory bodies can suspend, revoke, deny, or cancel licenses or authorization to practice. A majority of jurisdictions issue warnings, reprimands, and fines or civil penalties. Some jurisdictions, such as several Brazilian states and Colombia, issue censures. Peru issues fines and sanctions, and Peru and Uruguay practice license suspension, denial, and revocation. According to available data, Bolivia may sanction nurses via registration denial.

Disciplinary measures among the regional nursing councils in Brazil are generally uniform, including censures, suspension, warnings, fines, cancellation of registration, denial of license, and forms of suspension. As examples of unique sanctions, Paraguay issues a sanction known as a “call for attention,” while Venezuela issues a sanction depriving honors, rights, and privileges of the professional.

Disciplinary records are available to the public in Colombia, Paraguay, and Brazil. In Colombia, disciplinary records are held and available at the archives of the Department of Ethical Nursing Tribunals and the National Ethical Nursing Court. In Paraguay, such records are kept in the same database as the nursing registry. A majority of regional nursing councils in Brazil hold disciplinary records publicly available, either online or upon an online requesting portal. The Brazilian state of Rio de Janeiro does not allow outright access to disciplinary records, and similarly, disciplinary records are inaccessible outside of the nursing council in Rio Grande do Sul.

The United States of America

The United States is made up of 50 states, the District of Columbia (or Washington, DC), and five U.S. territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands (Table 10). Each jurisdiction within the US has its own set of nursing laws and regulations as well as its own nursing regulatory body or bodies.

The majority of US states are members of the Nurse Licensure Compact (NLC), a mutual recognition compact that allows RNs and licensed practical nurses (LPNs) to practice in other member states without having to obtain additional licensure. Nurses must still obtain individual additional licenses to be authorized to practice in jurisdictions that are not members of the NLC. Member states include Alabama; Arizona; Arkansas; Colorado; Delaware; Florida; Georgia; Idaho; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Mississippi; Missouri; Montana; Nebraska; New Hampshire; New Jersey; New Mexico; North Carolina; North Dakota; Oklahoma; South Carolina; South Dakota; Tennessee; Texas; Utah; Virginia; West Virginia; Wisconsin; and Wyoming.

Regulation and Governance

There are 60 NRBs (referred to as boards of nursing [BONs]) in the United States. Four states have more than one governing body. California has the California Board of Registered Nursing and the California Board of Vocational Nursing and Psychiatric Technicians. Likewise, Louisiana has two nursing regulatory bodies: the Louisiana State Board of Nursing and the Louisiana State Board of Practical Nurse Examiners. Nebraska has both the Nebraska Board of Nursing and the Nebraska Advanced Practice Registered Nurse Board.

West Virginia has the West Virginia State Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses.

The mandate, or mission, of the U.S. NRBs is unanimously public protection. All the U.S. NRBs hold the power to regulate for public protection, administer nursing laws and regulations, license and discipline nursing professionals, and make decisions pertaining to professional scope of practice. Additionally, many introduce and/or support legislative bills in their state. Almost every governing body also reserves the authority to approve nursing education programs; however, in three jurisdictions, the authority does not necessarily lie, at least entirely, with the NRB. Mississippi reserves this authority for the Institutions of Higher Learning, which is the government body that oversees public education in the state. In New York, this authority belongs to the Professional Education Program Review unit in the Office of the Professions. Utah relies on U.S. Department of Education–approved national accrediting bodies to oversee programs, as the statute requires “graduation from an accredited program.” Information on nursing education program approval is not available for American Samoa or Guam.

The regulatory bodies in most states are composed of a combination of nurses and public members. Nebraska’s, New York’s, and Puerto Rico’s NRBs are composed entirely of nurses. Nebraska’s advanced practice board, both of Louisiana’s nursing boards, Mississippi’s board, and both of West Virginia’s nursing boards include nurses, public members, and physicians. Massachusetts is unique in that it includes nurses, physicians, and at least one pharmacist on its board. Both New Hampshire and Oregon include nursing assistant representatives. Pennsylvania includes the commissioner of the bureau and a licensed dietitian nutritionist, and Utah’s nursing regulatory body includes the bureau manager. The Northern Mariana Islands’ board is composed of nurses, public members, and either a certified technician or a certified nursing assistant. The compositions of the American Samoa and Guam NRBs are not publicly available. The number of members of each U.S. jurisdiction’s NRB is presented in Table 10.

TABLE 10

Number of Members on Nursing Regulatory Bodies in the United States and Its Territories

Jurisdiction	Number of Members	Jurisdiction	Number of Members
<i>States</i>		Missouri	9
Alabama	Not available	Montana	6
Alaska	7	Nebraska—Nebraska Board of Nursing	16
Arizona	11	Nebraska—Nebraska Advanced Practice Registered Nurse Board	9
Arkansas	13	Nevada	7
California—California Board of Registered Nursing	6	New Hampshire	11
California—California Board of Vocational Nursing and Psychiatric Technicians	11	New Jersey	15
Colorado	11	New Mexico	7
Connecticut	12	New York	14
Delaware	15	North Carolina	14
Florida	13	North Dakota	9
Georgia	13	Ohio	13
Hawaii	9	Oklahoma	11
Idaho	9	Oregon	9
Illinois	13	Pennsylvania	13
Indiana	9	Rhode Island	15
Iowa	7	South Carolina	11
Kansas	11	South Dakota	11
Kentucky	16	Tennessee	11
Louisiana—Louisiana State Board of Nursing	11	Texas	13
Louisiana—Louisiana State Board of Practical Nurse Examiners	12	Utah	11
Maine	9	Vermont	11
Maryland	14	Virginia	14
Massachusetts	17	Washington	15
Michigan	24	West Virginia—West Virginia Board of Examiners for Registered Professional Nurses	7
Minnesota	16	West Virginia—West Virginia State Board of Examiners for Licensed Practical Nurses	8
Mississippi	13		

Jurisdiction	Number of Members
Wisconsin	9
Wyoming	7
<i>District</i>	
District of Columbia (Washington, DC)	11
<i>Territories</i>	

Jurisdiction	Number of Members
American Samoa	Not available
Guam	7
Northern Mariana Island	7
Puerto Rico	7
U.S. Virgin Islands	9

Licensure and Registration Requirements to Practice

U.S. jurisdictions license and register LPNs/LVNs and RNs once they have completed their mandatory educational requirements, met other jurisdiction-specific requirements, and passed a national examination, which is the NCLEX-RN or NCLEX-PN.

All U.S. jurisdictions issue licenses to nurses who are authorized to practice. Licensure information data are stored online at a central database in each state and collectively housed in a national database, Nursys. This information is publicly available on Nursys.com.

APRNs must complete the required education, meet jurisdiction-specific requirements, and pass a national certification examination in the population they were educated in. These populations are adult/gerontology (acute or primary care), family, pediatrics (acute or primary care), women's health, neonatal, and psychiatric/mental health.

Nurse Types and Titles

There are six types of nurses licensed in the United States (Table C17). Although many practical nurses and RNs specialize in an area, such as pediatrics or obstetrics, all LPNs/licensed vocational nurses (LVNs) and RNs have a general license. Advanced practice registered nurses (APRNs) are licensed, certified, or registered depending on the jurisdiction. The four types of APRNs are certified nurse practitioner (CNP), clinical nurse specialist, certified nurse anesthetist, and certified nurse midwife. These nurses all have advanced graduate education beyond that of the RN.

Education

Across all US jurisdictions, LPNs/LVNs nurse programs in the US are generally one to 2 years in duration (Table C17). For RNs in the US, the duration of education varies. Across all US jurisdictions, RNs may complete either a hospital-affiliated diploma education program, an associate degree program, or a bachelor of science in nursing program in order to qualify to take the NCLEX-RN examination and become authorized to practice. While the bachelor degree programs are typically 4 years in length, the diploma or associate degree nursing education programs may be completed in as few as 2 years.

The four APRN roles (CNP, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife) all require completion of a 2-year masters degree program throughout the US.

Continuing Competence

Most U.S. jurisdictions require evidence of continuing competence for all nurse types, but there are exceptions. Colorado, Guam, Kentucky, Maine, Mississippi, Missouri, New Hampshire, and New York do not require continuing competence for any of their nurses. Wisconsin has requirements only for RNs. Connecticut, Louisiana, and Indiana have requirements only for their APRNs. Hawaii, on the other hand, requires only RNs and LPNs to complete continuing education requirements, leaving APRNs exempt. Continuing competency requirements are not known for American Samoa.

Practice

In terms of practice, APRNs hold the broadest authority to practice. While authorization varies by each state, APRNs diagnose patients, refer patients for additional medical treatments/examinations, and have prescriptive authority. CRNAs administer anesthesia.

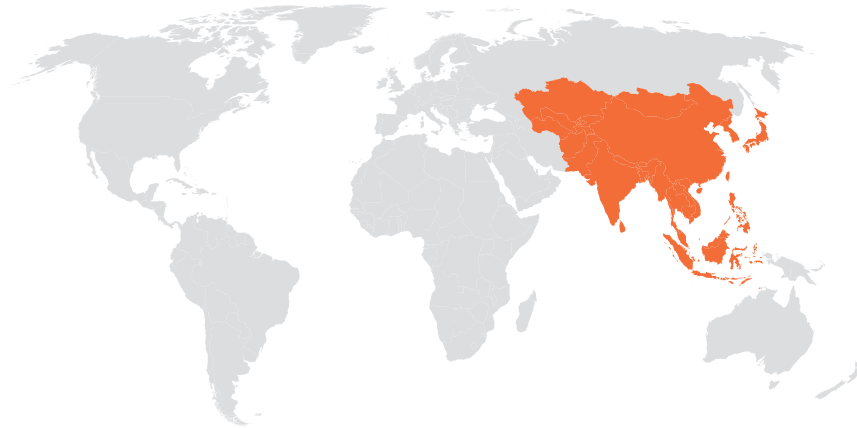
While RNs may use nursing diagnoses, these are separate and different from the medical diagnoses.² RNs in Tennessee have limited prescriptive authority for oral contraceptives and sexually transmitted disease medications under certain circumstances in governmental settings.

Discipline

In terms of discipline, the following actions are commonly taken by U.S. NRBs: (a) cease and desist orders, (b) reprimand, (c) censure, (d) summary suspension and suspension, (e) revocation, (f) fine or civil penalties, (g) practice limitation with and without probation, (h) probation and conditional probation, (i) surrender or denial of license, (j) remediation, (k) assessment of costs, (l) warnings, (m) citation orders, (n) community service, (o) stipulation to information disposition, (p) voluntary entrance into substance abuse programs, and (q) other injunctive measures as allowed.

² U.S. nursing diagnoses are based on terminology from the North American Nursing Diagnosis Association.

As the largest continent by both land and population, Asia covers an expansive part of the globe. In this report, Asia is grouped as follows: (a) China and East Asia, (b) Central Asia and India, and (c) Southeast Asia.



China and East Asia

East Asia includes China (People's Republic of China), Hong Kong (Hong Kong Special Administrative Region of the People's Republic of China), Macau (Macao Special Administrative Region of the People's Republic of China), Japan, Mongolia, North Korea (Democratic People's Republic of Korea), South Korea (Republic of Korea), and Taiwan (Republic of China). At the time of publication, information on nursing regulation in North Korea could not be obtained; therefore, it is not included in this profile. This report includes the remaining countries, which are not members of any regional compacts or mutual agreements that influence the nursing profession.

Regulation and Governance

China, Hong Kong, and Taiwan defer to independent, dedicated nursing councils, while nurses in Japan and South Korea are governed by their respective Ministry of Health organizations. The multidisciplinary Macau Health Bureau regulates nursing in that Special Administrative Region of China. Although there are laws related to the regulation of nurses within its Ministry of Health, Mongolia reports that it does not have a dedicated NRB.

The responsibilities of the regulatory bodies in regions include the authority to require a national examination to practice; similarly, most regulatory bodies maintain the authority to approve nursing schools or programs, including Hong Kong, Japan, and South Korea. China, Mongolia, and Taiwan all reserve such authority to their Ministry of Education organizations. The Macau Health Bureau and the Tertiary Education Services Office of Macau work together to approve nursing education programs.

NRB Mandates

The NRB mandates vary between East Asian countries. China's, Taiwan's, South Korea's, and Japan's NRBs are charged with protecting the public, promoting the nursing profession, and addressing workforce, labor, or union issues. Macau cites public protection as its mandate. Hong Kong's responsibility, on the other hand, is "to fulfill the statutory obligations as stipulated in the Nurses Registration Ordinance and to ensure the quality of nursing practice in Hong Kong, meeting the rapidly changing healthcare needs of the society through the establishment of a registration system, provision of guidance, and intervention with discipline."³ There are nursing laws in Mongolia; however, information about the role of the Mongolian Ministry of Health in nursing regulation is not available.

The Chinese Nursing Association is responsible for administering nursing laws and regulations, licensing and registration, making decisions about scope of practice, and creating legislation. Japan's Ministry of Health, Labor and Welfare Nursing Policy Division, the Macau Health Bureau, and Taiwan's Department of Nursing and Health Care are responsible for each of the above items, but they also add disciplining nurses to this list. South Korea's Ministry of Health and Welfare is responsible for each of the items identified by the Chinese Nursing Association, but they also include disciplining nurses, budgetary matters, and research. The Nursing Council of Hong Kong has a set of four main functions: (a) "to be responsible for the registration or enrolment of any person qualified in any branch of nursing and desiring such registration or enrolment;" (b) "to recognize courses of nursing training for the purpose of registration or enrolment under the [Nurses Registration] Ordinance;" (c) "to determine standards of Licensing Examinations for all branches of nursing

³ National Council of State Boards of Nursing. (2020). Hong Kong. In *The Global Regulatory Atlas*. <https://www.regulatoryatlas.com/jurisdiction-detail?Jurisdiction=HongKong>

under the Ordinance and to be responsible for the conduct of such examinations;” and (d) “to exercise the regulatory and disciplinary powers for the profession under the Ordinance.”⁴

Composition of NRB

The Chinese Nursing Association is composed of members of the China Association for Science and Technology and the Ministry of Health of China. The Nursing Council of Hong Kong includes the head of nursing service in the Department of Health, six elected nurses, two appointed members from tertiary institutions that have nursing programs, and one appointed member who falls under the Hospital Authority Ordinance. Interestingly, one of the nurse members must be a mental disease specialist.

The Macau Health Bureau’s four directors are nominated by the profession and confirmed by the government. Japan’s Ministry of Health, Labor and Welfare Nursing Policy Division is made up entirely of nurses, and South Korea’s Ministry of Health and Welfare includes public members as well as a combination of appointed and elected ex officio healthcare personnel. Finally, Taiwan’s Department of Nursing and Health Care is composed of nurses, public officers, and consultants.

Of the China and East Asia countries that provided NRB information, the following information is available regarding membership requirements. China requires that council members (a) adhere to the Communist Party’s line, principles, policies, and political quality; (b) be senior care experts in the nursing discipline; (c) impact the business areas of the Chinese Nursing Association; (d) meet certain age requirements; (e) be of good health and adhere to a normal working environment; (f) possess full civil capacity; (g) have not been deprived of political rights for criminal penalties; (h) made outstanding contributions during their Chinese nursing career; and (i) be of high moral character. Japan requires that members are qualified nurses, midwives, or public health nurses, while Taiwan merely states there are “qualification requirements for public service with nursing and healthcare backgrounds.” Requirements are not available for Hong Kong, Macau, Mongolia, or South Korea. The number of NRB members in the China and East Asia jurisdictions is listed in Table 11.

TABLE 11

Number of Members on Nursing Regulatory Bodies in China and East Asia

Jurisdiction	Number of Members	Jurisdiction	Number of Members
South Korea	95	Macau	4
Taiwan	61	China	Not Available
Japan	22	Mongolia	Not Available
Hong Kong	15		

Licensure and Registration Requirements to Practice

The Chinese Nursing Association is responsible for licensing and registering nurses. East Asia recognizes nursing professionals as authorized to practice when they have completed their mandatory education and other requirements, including a national examination. In China, Japan, Macau, Mongolia, South Korea, and Taiwan, a nurse qualification examination is required, while in Hong Kong, only applicants trained outside of Hong Kong are required to take the national examination—the *Licensing Examination for Registration*. Taiwan, Japan, Macau, Mongolia, and South Korea issue licenses to authorized nursing professionals. China requires its nursing professionals to be registered, and Hong Kong mandates registration and the receipt of a practice certificate.

Once licensed or registered, a public database is typically the means by which a nursing professional’s credentials are verifiable. China, Hong Kong, Macau, Mongolia, and Taiwan use an online public database. South Korea restricts all nursing-related information to medical personnel only. Japan presently does not maintain an online database.

Nurse Types and Titles

There are generally four nurse types overall per country, including that of nurse, specialized nurse, midwife, and nurse assistant (Table C18). China incorporates educational levels into its nurse titles. Macau specifies six different nurse types.

Education

Table C18 lists the educational requirements to become a nurse in China and East Asia.

Continuing Competence

China and Taiwan require continuing education, but the specifics, such as what the requirements are or how often they need to be met, could not be obtained for this report. China has continuing education requirements in place for nurses and midwives but not for technical

⁴ National Council of State Boards of Nursing. (2020). Hong Kong. In *The Global Regulatory Atlas*. <https://www.regulatoryatlas.com/jurisdiction-detail?Jurisdiction=Hong%20Kong>

nurses, bachelor's degree nurses, master's nurses, doctoral nurses, or associate nurses. Taiwan requires continuing education for each type of nurse. Hong Kong states that nurses must submit proof of their practicing certificate or license if this credential was awarded by an authority outside of Hong Kong. Macau states that it requires continuous training of all its nurse types on an annual basis. South Korea encourages nurses to seek out lifelong education opportunities. Neither Japan nor Mongolia have continuing competence requirements.

Practice

Publicly available practice data for nurses across East Asia are limited. However, nurses are not authorized to prescribe medications, diagnose illnesses, or refer patients in China, Hong Kong, South Korea, or Taiwan. Specialty nurses in South Korea can prescribe in certain emergencies and can diagnose depending on specialty area. Similarly, NPs in Taiwan are authorized to refer patients, but they cannot prescribe or diagnose. Although nurses in Japan may not prescribe medications or diagnose illnesses, they may refer patients. Nurses in Mongolia may diagnose but are prohibited from referring patients or prescribing medications. Macau permits nurse specialists, graduate nurse specialists, head nurses, and nurse supervisors to refer patients. Grade I nurses may not diagnose or refer patients in Macau.

Discipline

While many countries incorporate a nursing professional's disciplinary history into their nursing registry, many East Asian countries do not. Only Hong Kong and Macau make such information publicly accessible. It is not clear what position Mongolia or South Korea take. In terms of discipline, the following actions are commonly taken in East Asia: (a) reprimand, (b) assessment of costs, (c) removal of name from registry, (d) suspension, (e) revocation, (f) fine or civil penalty, (g) surrender/denial of license, (h) cease and desist order, (i) imprisonment, (j) warnings, and (k) practice limitations.

Central Asia and India

Central Asia includes Afghanistan, Bangladesh, Bhutan, Kazakhstan, Kyrgyzstan, Maldives, Nepal, Pakistan, Sri Lanka, and Uzbekistan. Sufficient data could not be found on Turkmenistan or Tajikistan.

India is comprised of 28 states and nine union territories.⁵ Several of these states share mutuality in nursing governance with other Indian states or territories, namely Andhra Pradesh and Telangana; Assam and Nagaland; Gujarat, Dadra and Nagar Haveli, and Daman and Diu; Punjab and Chandigarh; Tamil Nadu, Puducherry, and Andaman and Nicobar Islands; and West Bengal and Sikkim. At the time of this analysis, Dadra and Nagar Haveli, existed as a separate territory from Daman and Diu; on January 26, 2020, these territories were combined into a single territory. This analysis reflects the state of nursing regulation in these territories prior to their union.

Regulation and Governance

The nursing profession in Central Asia is primarily governed by larger agency bodies, including Afghanistan, Bhutan, Kazakhstan, Kyrgyzstan, Sri Lanka, and Uzbekistan. In these countries, nursing governance falls under the authority of each respective Ministry of Health or a body under the umbrella of the Ministry of Health. In Bhutan, this body is the Bhutan Medical and Health Council. Similarly, in Sri Lanka, this body is the Medical Council with a division devoted to nursing. In Kazakhstan, Kyrgyzstan, and Uzbekistan, it is the Ministry of Public Health. Nursing is governed by an independent body in Bangladesh, India, Maldives, Pakistan, and Nepal. Governing bodies in these jurisdictions consist of a nursing/midwifery council.

In India, a national independent governing body, the Indian Nursing Council, works in cooperation with each independent state nursing council. A national nursing act sets baseline standards for the nursing profession, and in many states, state nursing acts mirror the national act and regulate to local state standards. The Indian Nursing Council maintains a national registry database.

Except for Kazakhstan and Sri Lanka, these governing bodies also approve nurse training and education programs. In Kazakhstan, the Ministry of Education and local regional governments authorize nurse training programs. In Sri Lanka, the nursing council division of the Medical Council advises the government on matters relating to the education of nursing professionals but does not have exclusive authority.

State nursing councils generally hold the power to approve nursing education programs, often in conjunction with the Indian Nursing Council. In Madhya Pradesh, a doctorate or medical education board approves programs. In Mizoram and Tripura, the central government reserves authority to approve programs. It is unclear as to which governing body holds authority to approve nurse training and education programs in Uttar Pradesh.

In general, Central Asian NRBs hold the responsibility to license/register and discipline nursing professionals. In addition, they can regulate for purposes of public protection and the promotion of the nursing profession and administer nursing laws and regulations.

⁵ A state is a division under Indian constituency, which has a separate government and frames its own laws. Union Territories are ruled directly by the central government. They are administrated by a lieutenant governor, who represents the president of India and is appointed by the central government. See Goswami, K. (2019, August 6). What is the difference between a state and a union territory? *India Today*. <https://www.indiatoday.in/education-today/gk-current-affairs/story/what-is-the-difference-between-a-state-and-an-union-territory-1577445-2019-08-05>

Notably, governing bodies in Bhutan, Kazakhstan, Kyrgyzstan, Nepal, and Pakistan may also create legislation regarding the nursing profession. The Bangladesh Nursing and Midwifery Council handles nursing work and labor-related issues. The Ministry of Health of the Kyrgyzstan Republic retains the broadest powers in nursing governance. It holds all the responsibilities mentioned above, in addition to the authority to budget and handle financial matters.

Overall, each Indian state nursing council holds the authority to register/license and discipline nursing professionals. State councils also hold the power to administer nursing laws and regulations and regulate for the purpose of public protection. Nursing councils in Bihar, Delhi, and Madhya Pradesh hold additional authority to create nursing legislation.

Nearly all jurisdictions in this region have a mandate for public protection. The exceptions are Maldives—where the Nursing and Midwifery Council reports to the Ministry of Health—and Pakistan, where the nursing council, which reports to the Ministry of National Health Services. Both nations states that the sole mission of their regulatory bodies is the promotion of the nursing profession. Promotion of the nursing profession is an additional mission of 28 other jurisdictions in the region, including Afghanistan, Bangladesh and the majority ($n = 26$) of the Indian states and territories (excluded are Himachal Pradesh, Kerala, Madhya Pradesh, Meghalaya, Mizoram, Rajasthan, Sikkim, Tripura, and West Bengal). Delhi (India), Afghanistan, Bangladesh, and Kyrgyzstan also state that matters related to the nursing workforce and labor are included in their missions.

NRB Composition

Regulatory bodies throughout Central Asia vary widely in size. Manipur Nursing Council is the smallest with two official members, whereas Uzbekistan, which regulates nursing through its multidisciplinary Ministry of Health, is the largest with 88 members.⁶ The number of members serving on each NRB is shown in Table 12.

TABLE 12

Number of Members on Nursing Regulatory Bodies in Central Asia and India

Jurisdiction	Number of Members	Jurisdiction	Number of Members
Manipur ^a	2	Rajasthan ^a	20
Odisha ^a	8	Dadra and Nagar Haveli ^b	21
Kyrgyzstan	9	Daman and Diu ^b	21
Maldives	9	Gujarat ^a	21
Chandigarh ^b	13	Karnataka ^a	21
Himachal Pradesh ^a	13	Kerala ^a	21
Punjab ^a	13	Bangladesh	22
Tripura ^a	13	Andhra Pradesh ^a	27
Meghalaya ^a	14	Pakistan	31
Mizoram ^a	14	Kazakhstan	70
Uttar Pradesh ^a	14	Uzbekistan	88
Delhi ^b	15	Afghanistan	Not data available
Haryana ^a	15	Arunachal Pradesh ^a	Not available
Goa ^a	16	Assam ^a	Not available
Sikkim ^a	17	Bhutan	Not available
West Bengal ^a	17	Jharkhand ^a	Not available
Andaman and Nicobar Islands ^b	18	Nagaland ^a	Not available
Bihar ^a	18	Nepal	Not available
Chhattisgarh ^a	18	Sri Lanka	Not available
Madhya Pradesh ^a	18	Telangana ^a	Not available
Puducherry ^b	18	Uttarakhand ^a	Not available
Tamil Nadu ^b	18	Maharashtra	Not data available
Jammu and Kashmir ^b	19		

^a Indian state.

^b Indian territory.

⁶ The Manipur Nursing Council website identifies only two official members of the council: the president and the registrar. According to the Manipur Nursing Council Acts of 2005 and 2008, however, additional members may sit on the council. See Manipur Nursing Council. (2020). <http://www.manipurnursingcouncil.co.in/>

Most (37) of the regulatory bodies in Central Asia include nurses on their regulatory bodies. Seventeen of these regulatory bodies (13 Indian states plus Afghanistan, Bhutan, Maldives, and Pakistan) also include physicians, and eight regulatory bodies (six Indian states, Sri Lanka, and Pakistan) include members of the public. Afghanistan includes midwives on its Afghanistan Midwifery and Nursing Council, which is under the Ministry of Public Health. Kazakhstan reports its Ministry of Healthcare Committee of Public Health Protection is comprised of physicians and members of the public. Kyrgyzstan also includes healthcare workers and members of the public in its Ministry of Health but did not specify the professions of its healthcare worker members—Maldives similarly did not specify the professions of the health care professionals on its Nursing and Midwifery Council, but also specified a lawyer among its members. Uzbekistan's Ministry of Health is comprised of public servants who may or may not belong to any specific health profession. No data were available about the composition of the regulatory body in the Indian states of Arunachal Pradesh, Jharkhand, Telangana, and Uttarakhand. In Nepal and six of the Indian states, professional associations must be represented on the regulatory body. Nepal, Sri Lanka, and 11 Indian states include educators on their regulatory body, and eight Indian states specify that high-level nurses from local hospitals must be included on the regulatory body. Bhutan also ensures that certain specialties are represented.

Many jurisdictions in Central Asia specify eligibility qualifications to serve on the regulatory body. In most cases, the boards disqualify anyone with a history of insolvency (7 Indian states) or a relevant criminal history (8 Indian states) or specify that the representative must be of sound mind (6 Indian states). Goa and Nepal require members to have a bachelor's degree, while Sri Lanka requires certain members of its regulatory body to have a postgraduate degree. Sri Lanka and Nepal specify that members must have a certain number of years of nursing practice to serve. Rajasthan declares that noncitizens of India are ineligible, while the states of Haryana and Karnataka specify any nurse removed from the nursing register is disqualified from serving as a member. Madhya Pradesh mandates that at least one male nurse serve among the three members of its council elected by RNs. The Indian state of Bihar requires a certain proportion of its regulatory body to be female, and, interestingly, those serving on the regulatory body in Haryana must be older than 62 years.

Licensure and Registration Requirements to Practice

In general, Central Asian NRBs hold the responsibility to license/register and discipline nursing professionals. In Central Asia and India, registration is typically the means by which nursing professionals are authorized to practice after having successfully completed all required education and training. Kyrgyzstan and Uzbekistan are exceptions. In Kyrgyzstan, a nurse specialist must be both licensed and registered, while other nurse types need only be registered. Similarly, in Uzbekistan, a nurse midwife must be both licensed and registered, while a midwife is considered authorized to practice after having completed the required education.

In India, apart from Arunachal Pradesh, Madhya Pradesh, Sikkim, and West Bengal, state and territorial jurisdictions also grant authority to practice to nursing professionals by way of registration. In Arunachal Pradesh, the bachelor of nursing nurse is authorized by diploma, whereas other nurse types in that state are authorized by registration. In Madhya Pradesh, Sikkim, and West Bengal, nurses are authorized by both license and registration.

Almost every jurisdiction in Central Asia requires that after successful completion of a nursing program, nursing candidates must pass a qualifying examination to be considered for practice. The exception is Uzbekistan—no data were found on whether Uzbekistan requires such an examination. In India, a majority of state and territory jurisdictions require a qualifying examination in order to be considered for practice for most nurse types. There is typically no qualifying examination for post-basic and specialty nurse type designations; however, university examinations or additional qualification in some respect of the training specialty is required.

In Afghanistan, all nurse and midwife types must demonstrate evidence of good moral character and are considered authorized to practice through registration.

Every Indian jurisdiction and a majority of Central Asian jurisdictions retain a publicly available registry of nursing professionals. These registries offer individuals and other health professionals the opportunity to verify the authorization status of a nursing professional. In India, the Indian Nursing Council maintains a national registry bank of nursing professionals. Most states retain their own public registry either online, published in the state gazette, available at the respective Council office, or by a combination of these methods. Pakistan, Kazakhstan, Maldives, and Uzbekistan do not offer a publicly available registry of nursing professionals. For the remaining Central Asian jurisdictions that do, the registry can be found online.

Nurse Types and Titles

Common nurse types across all Central Asian and Indian jurisdictions include general nurses or RNs, midwives, health visitors, nurse-midwives, auxiliary nurses/nursing assistants, and bachelor's/basic nurses (Tables C18 through C22). Notably, Bangladesh has six types of RNs. Pakistan, India, Kyrgyzstan, and Bhutan designate additional nurse types in the area of specialty nurse. For instance, the Bhutan Medical and Health Council designates a master's nurse, while the Pakistan Nursing Council designates LPNs, community midwives, family welfare workers, and lady health visitors. Kyrgyzstan's Ministry of Health designates seven specialty nurses including obstetric nurse, nurse anesthetist, nursing nurse, pediatric nurse, physiotherapy nurse, and infectious disease nurse. Afghanistan recognizes an

assistant midwife (who must pass the Afghan National Testing and Certification Midwifery Examination), an auxiliary nurse midwife (requiring 6 months of training), and a community midwife (requiring 2 years of training).

While India follows both national and state nursing laws, each state is distinct as to which specialty nurse types are designated. Uttarakhand designates only a few, such as a master's nurse, health worker, and a post-basic nurse. Maharashtra designates additional specialty nurses and post-basic nurses, including PhD nurses, master of science in nursing nurses, masters of philosophy in nursing nurses, psychiatric nurses, pediatric nurses, oncological nurses, and critical care nurses.

Education

Tables C18 through C22 contain the educational requirements to become a nurse in each Central Asian jurisdiction. The Indian nurse types and requirements are listed as a separate table due to the large number of states and territories involved.

Nursing education in Central Asia and India is consistent for general nurses/RNs and basic nurses. These programs last 3 to 4 years. Nurse training programs for midwives are generally 2 to 3 years.

Central Asian jurisdictions that designate specialty nurse education and training programs are typically an additional 1 to 2 years following initial training as a nurse or midwife. Some post-basic nursing and PhD programs may be of longer duration.

Continuing Competence

In Central Asia, half of the jurisdictions require some form of continuing competence. Afghanistan does not appear to require any continuing competence. Data were not available as to whether continuing competence is required in Nepal, Pakistan, Sri Lanka, and Uzbekistan. The Maldives requires continuing competence on a biennial basis for all 3 of its nurse types: Registered Nurse, Enrolled Nurse, and Registered Nurse Midwife, which entails educational qualification, good standing, a state examination certificate, and council registration.

Nearly every Indian state requires some form of continuing education for nursing professionals. No specific data requiring continuing competence could be found for Andhra Pradesh and Telangana, Gujarat, Dadra and Naga Haveli, Daman and Diu, Manipur, and Uttar Pradesh.

Practice

There is limited information regarding areas and scope of authorized practice; Bhutan, Bangladesh, Maldives, and Kazakhstan provide some information. In Bhutan, both a bachelor's Nurse and master's Nurse hold some prescriptive authority. In Bangladesh, an RN may refer patients for other medical services. In addition, some RN types may diagnose but not on a regular basis. In Kazakhstan, a bachelor's degree nurse may make nursing diagnoses and holds prescriptive authority only pertaining to some medications. Midwives in Afghanistan and Maldives may not prescribe medication.

In India, about half of the state nursing councils articulate extended scope of authority (Table 13). Largely, this includes the authority to refer patients for other medical care. The Karnataka State Nursing Council allows a registered midwife to also diagnose pregnancies. Similarly, the Tamil Nadu Nurses and Midwives Council grants a registered nurse midwife prescriptive authority in line with government standing orders.

TABLE 13

Nursing Scope of Authorized Practice in India

State or Territory	Nurse Type	Scope of Practice
Andaman and Nicobar Islands	(See Tamil Nadu)	(See Tamil Nadu)
Chandigarh	(See Punjab)	(See Punjab)
Chhattisgarh	Health visitor	May refer patients
	Auxiliary nurse midwife	May refer patients
	General nurse midwife	May refer patients
Delhi	General nurse midwife	May refer patients
	Auxiliary nurse	May refer patients
	Post-basic nurse	May refer patients
Haryana	Auxiliary nurse Midwife	May refer patients when necessary
	General nurse Midwife	May refer patients when necessary
Jammu and Kashmir	Midwife	May refer patients
Jharkhand	General nurse midwife	May refer patients
Manipur	General nurse midwife	May refer patients
Odisha (formerly Orissa)	Midwife	May refer patients

TABLE 13 (continued)

State or Territory	Nurse Type	Scope of Practice
Puducherry	(See Tamil Nadu)	(See Tamil Nadu)
Punjab	Registered nurse	May refer patients
Tamil Nadu	Registered nurse midwife	May refer patients; may prescribe medications per government standing orders
Uttar Pradesh	Midwife	May refer patients
	General nurse midwife	May refer patients
Uttarakhand	General nurse midwife	May refer patients

Discipline

Nearly all Central Asian jurisdictions hold authority to take disciplinary measures against nursing professionals. Likewise, every Indian state holds authority to take disciplinary measures against nursing professionals who violate the nursing professional code of ethics. Of the Central Asian jurisdictions, Pakistan and Kyrgyzstan administer the most forms of disciplinary actions. Afghanistan, Maldives, Pakistan, Kyrgyzstan, and Uzbekistan implement actions inclusive of license/registration revocation, fines, registration denial, and registration removal or rejection. Pakistan may also order imprisonment, while Kyrgyzstan may issue a suspension on authority to practice. Bhutan, Kazakhstan, Nepal, and Sri Lanka may revoke, cancel, or remove a professional's registration. Additionally, Afghanistan, Nepal, and Sri Lanka issue fines, with Sri Lanka also retaining the capacity to issue imprisonment as a necessary measure against nursing professionals.

In India, common disciplinary measures include removal, denial, or rejection of registration, fines, warnings, suspensions, and revocations on authority to practice. Some Indian state and territorial jurisdictions, such as Chhattisgarh, Delhi, Gujarat, Dadra and Nagar Haveli, Daman and Diu, Haryana, and Jammu and Kashmir sanction by way of imprisonment. The Tamil Nadu Nurses and Midwives Council implements additional sanctions such as an order to cease and desist, an issue of summary suspension, or a surrender of authority to practice.

Most jurisdictions in Central Asia and India allow public access to the disciplinary records of nursing professionals. Pakistan, Kazakhstan, Maldives, and Uzbekistan do not offer a publicly available registry of nursing professionals authorized to practice. For those that grant access, the records are available online. Nepal also publishes disciplinary records in the national *Nepal Gazette*. In India, state and territorial jurisdictions that hold disciplinary records open to the public are Chhattisgarh, Goa, Himachal Pradesh, Jammu and Kashmir, Kerala, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Orissa, Sikkim, Tripura, Uttar Pradesh, Uttarakhand, and West Bengal. These jurisdictions publish records either online, in a gazette or newspaper, or make them available in the respective state nursing council offices.

Southeast Asia

Southeast Asia includes Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste (formerly East Timor), and Vietnam. Currently, all 10 of these countries belong to the Association of Southeast Asian Nations (ASEAN).

Regulation and Governance

Both independent and larger agency bodies regulate the nursing profession throughout Southeast Asia. Brunei, Cambodia, Myanmar, the Philippines, Singapore, and Thailand are governed by an independent body, while Indonesia, Laos, Malaysia, Timor-Leste, and Vietnam defer to their Ministry of Health bodies for nursing governance. The mandate of all Southeast Asian NRBs are public protection and/or promotion of the profession. Myanmar and Timor-Leste lists workforce, labor, and union issues as an additional mandate, and Timor-Leste additionally cites education and training as a mandate.

The Indonesia and Malaysia NRBs are comprised of nurses, physicians, and/or health professionals, whereas Laos and Vietnam list the composition as public servants. Myanmar, the Philippines, and Thailand require that members are nurses. There are no data available for the remaining Southeast Asian NRBs. The number of members serving on each NRB is shown in Table 14.

TABLE 14

Number of Members on Nursing Regulatory Bodies in Southeast Asia

Country	Number of Members	Country	Number of Members
Philippines	7	Thailand	32
Brunei	12	Myanmar	60
Singapore	17	Indonesia	Not available
Malaysia	21	Laos	Not available
Cambodia	32	Timor-Leste	Not Available
		Vietnam	Not available

The authority to require a national examination to practice is granted to most regulatory bodies in the region, with Cambodia being the lone exception. Additionally, no data is available as to whether the Indonesian Ministry of Health maintains this authority. Similarly, some regulatory bodies maintain the sole authority to approve nursing schools or programs, including Brunei, Myanmar, Singapore, and Thailand. Others share such authority with their respective Ministries of Education, Qualification Agencies, or Higher Education Commissions, including Laos, Malaysia, and the Philippines by other branches of the government: the Ministry of Education in Vietnam. Information is not publicly available as to whether the Indonesian Ministry of Health maintains the authority to approve nursing schools or programs.

Additionally, the responsibilities of all the Southeast Asian NRBs include administering nursing laws and regulations, licensing/registering nurses, and making decisions about scope of practice. Almost all Southeast Asian NRBs except for Indonesia include disciplining nurses under their powers of governance.

Licensure and Registration Requirements to Practice

Six Southeast Asian countries (Brunei, Cambodia, Laos, Malaysia, Myanmar, and the Philippines) require a national examination for all nurse types. Singapore and Vietnam do not require a national examination for nurses. Thailand requires an examination for professional nurses, NPs, nurse anesthetists, midwives, and nurse specialists. It does not require an examination for nursing assistants and post-NPs. Timor-Leste requires an exam for Basic Nurses and General Nurses, but its Specialist Nurse requirements vary. There are no data available for Indonesia.

In Brunei, Cambodia, Malaysia, the Philippines, and Singapore, nursing professionals must be registered in order to practice nursing, whereas Indonesia, Laos, Thailand, and Vietnam issue licenses to authorized nursing professionals. Registration and licensure are both required for authorized nursing practice in Myanmar. Timor-Leste requires registration, license, and diploma for all nurse types except Basic Nursing, which only requires a diploma. Malaysia, Myanmar, and the Philippines require a language proficiency examination for nurses from outside their countries.

Once licensed and/or registered, a public database is typically the means by which a nursing professional's credentials are verifiable. Much of Southeast Asia relies significantly on physical databases, such as a national newspaper or gazette or the internal records of a respective nursing council office. Only the Philippines and Singapore use an online public database. Brunei, Indonesia, and Thailand rely on physical means of providing access to their nursing registries. Cambodia and Vietnam restrict public access altogether. There is no available information as to whether Laos, Malaysia, Myanmar, or Timor-Leste restrict their registry or use a physical database.

Nurse Types and Titles

There are generally three to four nurse types per country, including nurse, midwife, specialized nurse, and nurse assistant (Table C23). However, some jurisdictions designate specific specialized nurses. Brunei, for instance, recognizes children's nurses, mental health nurses, and infectious disease nurses. Additionally, Malaysia recognizes public health nurses and community nurses, and Thailand also recognizes nurse anesthetists. In addition to nursing assistant and midwife, Timor-Leste recognizes the following categories: basic nursing (a bachelor's degree in nursing), specialist nurse, general nurse, coordinating nurse, and head nurse. It also designates a midwife and two advanced levels of midwives, contingent on years of experience and/or performance evaluation: professional midwife senior and professional midwife specialist.

Education

Table C23 shows the requirements for entry into each type of nursing education program within each Southeast Asian jurisdiction. There are no data available for the duration and program entry requirements for Brunei. The majority of the remaining nursing programs are between 3 and 4 years in duration.

Continuing Competence

Much of Southeast Asia requires continuing competence, except for Singapore. Data are not available as to whether Indonesia mandates continuing competence among its national nursing regulations. Cambodia requires 40 hours per year of continuing professional development; Malaysia mandates 25 to 35 credit hours annually; Thailand requires 50 continuing education units every 5 years with the renewal of the nursing license; and Vietnam mandates 48 hours of continuing education every 2 years. Timor-Leste states that “nursing progression is subject to the Technical Commission for the Evolution of Health Professionals (CTEPS),” and that upon renewal of registration, all nurse types must submit proof of criminal record clearance and documents proving that they are not inhibited from exercising the profession, have not been expelled from his/her profession, and are complying with any disciplinary sanctions of suspension of the exercise of the profession.⁷

Practice

Overall, practice information is limited in Southeast Asia. Data related to areas of authorized practice for RNs are unavailable in Brunei, Indonesia, Malaysia, the Philippines, and Timor-Leste. In Cambodia, all nurses may refer patients; associate and bachelor degree nurses may also diagnose illnesses. RNs in Laos are restricted from referring patients and diagnosing illnesses, but information related to their authority to prescribe medication is unavailable. Similarly, RNs and nurse midwives in Myanmar may formulate diagnoses, but prescribing authority information is unavailable. Although nurses in Singapore also lack the authority to prescribe medications, they may refer patients. Information on their authority to diagnose illnesses is not available. Professional nurses in Thailand cannot prescribe medications, refer patients, or diagnose; however, specialized nurses such as NPs are authorized to perform those functions. Midwives may refer patients in Timor-Leste. Nurses in Vietnam appear to maintain the greatest level of authority as both nurses and midwives are authorized to prescribe medications, diagnose illnesses, and refer patients.

Discipline

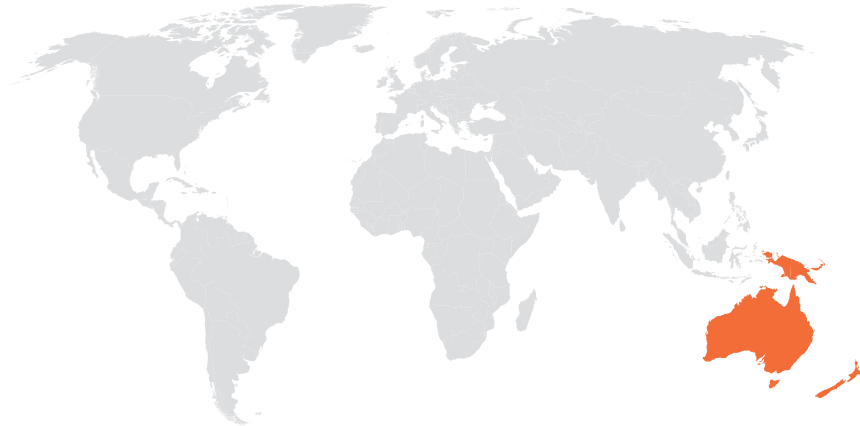
Information related to the availability of disciplinary records is mostly unavailable throughout the entire region with the exceptions of Myanmar, Timor-Leste, and Thailand. Myanmar public access, whereas Thailand and Timor-Leste grant public access. In terms of discipline, the following actions are commonly taken in Southeast Asia: (a) suspension, (b) revocation, (c) fine or civil penalty, (d) surrender or denial of license, (e) denial or removal of name from register, (f) imprisonment, (g) warnings, (h) practice limitation, (i) probation, (j) reprimand, (k) censure, and (l) community service.

⁷ National Council of State Boards of Nursing. (2019). Timor-Leste. In *The Global Regulatory Atlas*. Unpublished raw data.

Australia and Oceania

Oceania includes the Cook Islands, Fiji, Kiribati, the Marshall Islands, Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, the Solomon Islands, Tonga, Tuvalu, and Vanuatu. New Zealand and Australia are members of the Trans-Tasman mutual recognition group. This compact encourages mobility and provides for an individual who is registered in connection with an occupation in New Zealand to carry on an equivalent occupation in Australia, and vice versa; therefore, enrolled nurses, registered nurses and nurse practitioners are mutually recognized throughout Australia and New Zealand. Additionally, Nauru and Australia have an agreement that allows nursing professionals from Australia to treat patients in Nauru without being subject to registration or licensing requirements under the laws of Nauru.

The Northern Mariana Islands and Guam are also geographically located in this region; however, as U.S. territories, they are discussed in the United States section.



Regulation and Governance

Independent nursing councils regulate the nursing profession throughout Oceania and Australia, governing approximately two-thirds of the region, including Australia, the Cook Islands, Fiji, Kiribati, the Marshall Islands, Micronesia, New Zealand, Samoa, the Solomon Islands, Tonga, and Vanuatu. Larger bodies, commonly the Ministry of Health, govern nursing in the remaining countries of Nauru, Palau, Papua New Guinea, and Tuvalu.

The NRB mandate in all of Australia and Oceania is public protection. In fact, this is the only mandate in seven countries (Australia, New Zealand, Papua New Guinea, Samoa, Tonga, Tuvalu, and Vanuatu).

Eight NRBs have additional mandates that include promotion of the nursing profession (Cook Islands, Fiji, Kiribati, Marshall Islands, Micronesia, Nauru, Palau and the Solomon Islands). Additional mandates of Oceanic NRBs include workforce, labor, and union issues (Fiji and Nauru); developing administrative procedures and disciplinary measures (the Marshall Islands); and creating, developing, and amending nursing regulations and standards (Micronesia).

All NRBs in Oceania have the responsibility of administering nursing laws and regulations, and disciplining nurses. Thirteen NRBs have the additional responsibility of making decisions about scope of practice (Australia, Cook Islands, Fiji, the Marshall Islands, Micronesia, Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Tonga, Tuvalu, and Vanuatu). Ten NRBs are also responsible for matters related to nursing education or training (Cook Islands, Fiji, Kiribati, the Marshall Islands, Micronesia, Nauru, Palau, the Solomon Islands, Tonga, and Tuvalu). Five NRBs have the additional power to create legislation (Fiji, Papua New Guinea, Samoa, Tonga, and Vanuatu). Tonga's NRB has the additional responsibility of advising the minister on nursing matters.

Composition of NRBs

The NRBs in Australia and Oceania are generally composed of nurses, public members, and other health officials. While all NRBs include nurses, Micronesia is the only jurisdiction whose National Board of Nursing is composed entirely of nurses. Most of the Oceanic jurisdictions (Australia, Cook Islands, Kiribati, Marshall Islands, Nauru, New Zealand, Palau, Samoa, and Tonga) also include members of the public on their regulatory bodies. Several jurisdictions (Australia, Fiji, Marshall Islands, Palau, Tuvalu, and Vanuatu) have NRBs with members of other health professions serving on their nursing regulatory body. Tuvalu, Palau, and Papua New Guinea specify a physician or medical practitioner must be involved in the regulatory body. Kiribati and Vanuatu also include a lawyer on their regulatory body, and Nauru includes a member of the clergy.

NRB members are appointed by the government in Australia, the Cook Islands, Fiji, Kiribati, Micronesia, Nauru, Papua New Guinea, Samoa, and Vanuatu. In five countries (the Marshall Islands, New Zealand, Palau, the Solomon Islands, and Tonga), the NRB

members are nominated by the profession and confirmed by the government and/or minister. There is no information on the selection process for Tuvalu's NRB members.

Most NRBs in this region require nurses on the NRB to be actively enrolled as a nurse and in practice for 3 to 5 years (Fiji, Kiribati, Marshall Islands, Micronesia, Papua New Guinea, Samoa, Tonga and Vanuatu). Additionally, in the Marshall Islands and Palau, the public member on the Board cannot be a member of any health-related profession, cannot have a conflict of interest, and must have at least a high school diploma or its equivalent. Micronesia also requires that every island in their nation is represented with a member or members.

In the Solomon Islands, NRB members must not have a mental or physical disability that inhibits the functions of the office and must display conduct consistent with the office. Five jurisdictions (Australia, the Cook Islands, Nauru, New Zealand, and Tuvalu) provide no publicly available information related to the competencies or qualifications required to serve on the NRB.

The number of members serving on each NRB is shown in Table 15.

TABLE 15

Number of Members on Nursing Regulatory Bodies in Australia and Oceania

Jurisdiction	Number of Members	Jurisdiction	Number of Members
Micronesia	5	Papua New Guinea	8
Nauru	5	New Zealand	9
Cook Islands	6	Palau	9
Kiribati	6	Samoa	9
Tonga	6	Fiji	11
Tuvalu	6	Australia	12
Marshall Islands	7	Solomon Islands	No data
Vanuatu	7		

Licensure and Registration Requirements to Practice

The powers and responsibilities granted to the NRBs in Australia and Oceania are broad and include the responsibility of licensing/registering nurses, the authority to require a national examination to practice nursing. Most Oceania NRBs require a licensure examination (or its equivalent) for their nurse types. The exception is New Zealand, where RNs, enrolled nurses, and NPs must pass an examination, but there is no required examination for RN prescribers in primary or community health. Apart from the payment of applicable fees, the only other requirement for authorization to practice among Oceanic jurisdictions is, in the case of Nauru and Palau, that nurses carry malpractice insurance.

Australia and Oceania recognize authorized nursing professionals who have completed their mandatory education and other requirements in the granting of nursing licensure and/or registration. Nearly all nursing governing bodies in Australia and Oceania use registration to authorize at least some nurse roles for practice, but there are a few exceptions. In Papua New Guinea, nearly all nurse roles must be both licensed and registered. The exception is registered midwives who may practice immediately upon completing their education. Likewise, Micronesia requires its RNs, LPNs, and advanced practice nurses to be both licensed and registered, while NPs, nurse midwives, and nurse anesthetists need only register. Additionally, to have the title of “enrolled nurse” in Kiribati, only a diploma is required, and to be a medical assistant, an additional certificate is needed after registration. Nurse aids in the Solomon Islands must also obtain both a certificate and registration. In New Zealand, all nurse roles are issued an annual practicing certificate.

Once registered and/or licensed, a public database is typically the means by which a nursing professional's credentials are verified. In general, most countries in Oceania do not use an online public database. Instead, they make such information available in physical form, such as in a newspaper or gazette. Australia and New Zealand are the only two countries in the region that employ an online system. Micronesia makes its nursing registry available only to employers or other licensing boards outside of Micronesia, but not to the general public.

Nurse Types and Titles

In addition to nurse, midwife, specialized nurse, and nurse assistant categories, some countries—such as the Marshall Islands—recognize as many as nine nurse types (Tables C24 through C27).

Education

Australia and Oceania have the authority to approve nursing schools and programs. Tables C24 through C27 show the requirements for entry into each type of nursing education program within Australia and Oceania.

Continuing Competence

Continuing competence is a requirement in Australia, the Cook Islands, Fiji, the Marshall Islands, Micronesia, New Zealand, Palau, and Tuvalu, although details were not publicly available as to what specific continuing competence requirements entailed. No information is available as to what position Kiribati, Nauru, Papua New Guinea, Samoa, the Solomon Islands, Tonga and Vanuatu take concerning continuing education requirements.

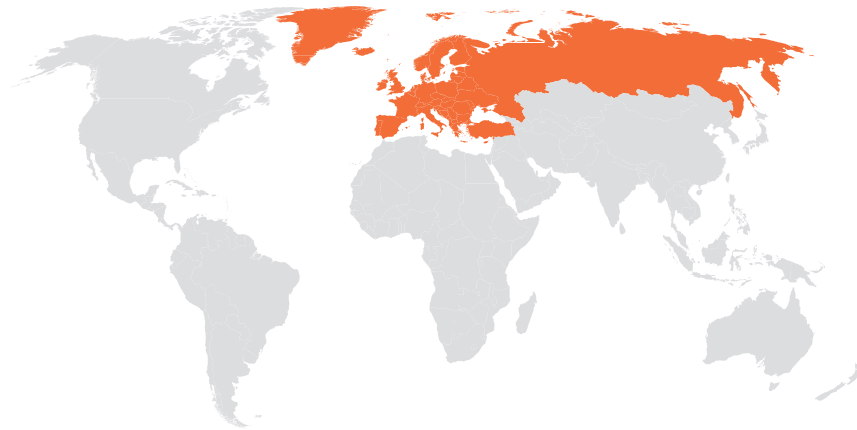
Practice

Publicly available areas of authorized practice data for nurses across Australia and Oceania are limited. For eight NRBs, no information is publicly available as to what type of authority RNs have across countries (Fiji, Micronesia, Nauru, Samoa, the Solomon Islands, Tonga, Tuvalu, and Vanuatu). In Australia and New Zealand, RNs can only diagnose illnesses, while NPs may diagnose illnesses, prescribe medications, and refer patients. Mental health nurses in the Cook Islands may prescribe medications and refer patients in accordance with Community Treatment Order guidelines.

Discipline

In addition to verifying a nursing professional's credentials, notifications of past or current disciplinary actions are also publicly accessible as part of a nursing registry. In terms of discipline, the following actions are commonly taken in Australia and Oceania: reprimand, suspension, fine or civil penalty, revocation, surrender or denial of license, removal or refusal of name from register, imprisonment, license restriction, and medical or psychological treatment. There is no information available as to whether Fiji, the Marshall Islands, Palau, Papua New Guinea, or Samoa make their disciplinary records publicly accessible. Most others do so, except New Zealand.

Europe encompasses Eastern Europe, the Nordic region, and Western and Central Europe.



Eastern Europe

Eastern Europe is comprised of Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Estonia, Greece, Latvia, Lithuania, North Macedonia (former Yugoslav Republic of Macedonia), Moldova, Montenegro, Romania, Russia, Serbia, Turkey, and Ukraine. Of those countries, Bulgaria, Croatia, Cyprus, Estonia, Greece, Latvia, Lithuania, and Romania are members of the EU.

Regulation and Governance

Bosnia and Herzegovina, Croatia, Cyprus, Greece, Romania, Serbia, and Ukraine have independent nursing bodies that regulate nurses. Albania, Belarus, Bulgaria, Estonia, Latvia, Lithuania, North Macedonia, Moldova, Montenegro, Russia, and Turkey have NRBs that are part of a governing body that regulates many professions. These NRBs are often part of the Ministry of Health.

NRB Mandates

NRBs in Eastern Europe have varying mandates and most include public protection except for Estonia, which is charged with promotion of the profession of nursing and workforce, labor, and union issues. Promotion of the profession is mandated in 11 of the reporting jurisdictions. Workforce, labor, and unions issues were reported as NRB mandates in Bulgaria, Estonia, Lithuania, North Macedonia, and Serbia.

Responsibilities of the NRBs vary across this region. Promotion of other health professionals and public protection under the umbrella of the Bulgarian Association of Health Professionals in Nursing is included in Bulgaria. The NRB in Lithuania is responsible for policy making in the field of nursing and legal regulation of nursing practice. Romanian NRBs are mandated with jurisdiction regulation, surveillance of continued professional development, and recognition of quality. In Russia, the Ministry determines entry requirements to nursing professions, as well as practice in nursing professions and standards and procedures of providing care.

The majority of NRBs are empowered to administer nursing laws and regulations, make decisions about scope of practice, discipline nurses, and participate in the creation of legislation. The Bulgarian Association of Health Professionals in Nursing also handles economic matters related to the Association and provides financial and logistical support. Ukraine provides consultation on nursing-related employment in Ukraine and abroad. Additionally, the Ministry of Education or a related national accrediting agency in most countries is tasked with the responsibility of approving nursing schools/programs in the majority of nations in this region. Bulgaria, Latvia, Lithuania, Montenegro, Russia, and Turkey, however, grant such authority to their Ministry of Health organizations. The Nursing and Midwifery Council of Cyprus is charged with this responsibility.

NRB Composition

NRBs in Croatia, Greece, Lithuania, and Romania are composed of nurses. Albania includes nurses and public members. Nurses, nursing technicians, health workers, and ex officio members comprise the NRB in Bosnia and Herzegovina. This duty is shared in Bulgaria by nurses and other regulated health professionals. The NRB in Cyprus is composed of nurses, midwives, and health visitors. Public officials and ex officios in Belarus serve on NRBs. NRBs in Moldova, Serbia, and Turkey are composed of public servants. The regulatory body in Montenegro is composed entirely of physicians; in North Macedonia, it includes physicians, public officials, and ex officios. In Russia, the NRB within the Ministry of Health is composed of civil servants, some of whom have medical education or nurse training. No members of the Russian Ministry of Health are tasked specifically with regulating nursing. Table 16 includes information from the 10 jurisdictions reporting on qualifications of their respective NRBs.

TABLE 16

Number and Qualifications of Members on Nursing Regulatory Bodies in Eastern Europea

Jurisdiction	Number of Members	Qualifications to Serve on NRB
Albania	25	No data
Belarus	7	No data
Bosnia and Herzegovina	24	No data on initial qualifications. For representative renewal, continuous professional training is required according to the Rules of the Chamber.
Bulgaria	64	The Congress is comprised of the regional college representatives, who are elected as 1 representative per every 75 members
Croatia	22	Registered nurse with active license
Cyprus	11	Registration as a nurse or midwife and member of the Cyprus Nurse/Midwives Association
Greece	15	No data
Latvia	14 representatives right now, but this varies based on the prime minister (who can appoint a deputy, ministers for special assignments, etc.)	No data
Romania	There are two levels of governance. Level 1 (national): Executive Board of 6 members, president, 4 vice presidents, and secretary. Level 2 (county): 4 members, president, 2 vice presidents, and secretary, which together compose the National Council.	It is required to be a registered member with a free right of practice in order to have the right to submit candidacy.
Russia	No data	Requirements toward qualifications are based on the professional position; nursing is not a part of these requirements.

^a This table includes the 10 jurisdictions in Eastern Europe with available information.

Licensure and Registration Requirements to Practice

The majority of NRBs are empowered to license and register nurses. Eastern Europe recognizes authorized nursing professionals who have completed their mandatory education and other requirements in the granting of nursing licensure, certification, registration, or accreditation.

In some jurisdictions, additional requirements beyond education may be necessary prior to authorization to practice nursing. Romanian nurses are granted registration after completing the program, taking the examination, obtaining malpractice insurance, taking continuing professional development credits, obtaining medical certification, and providing proof of no criminal record and obtaining annual authorization if no criminal record is registered. Letters of recommendation are required in Ukraine as evidence of good moral character. Bulgaria requires certification of no professional offenses, and Cyprus requires a certificate showing no criminal record. Albania and Belarus also require evidence of good moral character; however, means for this evaluation are not available. Bosnia and Herzegovina applicants must be dignified, responsible, professional in profession and person, and uphold the ethics of the profession. They must also submit for licensure a statement and declaration on respecting ethical and deontological principles of profession.

Croatia, Estonia, and Romania do not require a national examination to practice nursing. Examinations are required in Albania, Belarus, Bosnia and Herzegovina, Bulgaria, Greece, Latvia, North Macedonia, Russia, Serbia, and Ukraine.

A language proficiency examination is required for internationally educated nurses wishing to work in most every Eastern European jurisdiction except Bulgaria, Croatia, Romania, and Russia. In Russia, although there is no language proficiency examination, the examination that grants permission to work is only available in Russian. In Bosnia and Herzegovina there is a possibility of a language proficiency examination depending on condition of knowledge of the language.

Nurse Types and Titles

Overall, there are generally four nurse types in Eastern Europe, including nurses, midwives, specialized nurses, and nurse assistants. Denmark has 8 nurse titles. Nurse titles are detailed in Table C28.

Education

Table C28 presents the types of nurses and educational requirements for entry into nursing programs in Eastern Europe.

Continuing Competence

Most of the reporting jurisdictions require continuing education or training. Bulgaria and Greece do not have a requirement of continued competence for nurses. Russia has the most robust requirements for continued competence of the Eastern European jurisdictions. Every 5 years, all medical professionals are required to receive special training, which includes improvement of qualifications and reexamination. A certificate is issued following the examination. This certificate is the document that grants permission to continue practicing in a nursing role. This system is currently in the process of being reformed. The new procedure will require annual reexamination, as well as proof of continuing education. In addition, there are requirements regarding state of health such as regular health checks. For those who practice in pediatric care, applicants must have a lack of criminal record in specific areas.

Bosnia and Herzegovina require annual seminars, courses, expert meetings in nursing and midwifery, and on-the-job training. Nurses in Estonia must have 60 hours of employer-provided training every year. The NRB in Lithuania requires at least 3 years of legal nursing practice during the past 5 years and 60 hours of mandatory advanced training during the past 5-year period or 160 hours of nursing advanced training on or after 5 years. Annual continuing professional development is mandatory in Romania. Serbian nurses must attain 168 points in order to satisfy continuing education credits—half of the total points must be derived from where the health professional is employed and the remaining half of the total points are attained via participation in external continuing education programs. Ukrainian nurses complete a continuing training requirement every 5 years.

Practice

Authorized nurse practice data is lacking in Europe. The information that is publicly accessible suggests the levels of autonomy can vary significantly for nursing professionals. For example, nurses and midwives in Albania may prescribe medications, refer patients, and diagnose illnesses, while nurses and midwives in Ukraine do not have authority to perform those same functions.

Discipline

Discipline is a role of the NRBs in more than half of the countries. Bulgaria, Estonia, Lithuania, Montenegro, Russia, Turkey, and Ukraine do not have governance over nursing discipline.

The following actions are commonly taken in Eastern Europe: (a) reprimand, (b) suspension, (c) fine or civil penalty, (d) denial or termination of license, (e) denial or removal of name from register, (f) revocation, (g) censure, (h) probation, (i) warnings, (j) practice limitation, and (k) cease and desist orders. In addition to verifying a nursing professional's credentials, notifications of past or current disciplinary actions are also publicly accessible as part of a nursing registry.

Nordic Region

The Nordic region encompasses Denmark, the Faroe Islands, Finland, Greenland, Iceland, Norway, and Sweden. Of these, Denmark, Finland, and Sweden are members of the European Union (EU).

Regulation and Governance

Aside from Iceland, NRBs in the Nordic region are part of larger governing agencies such as the Ministry of Health that regulate several professions. In Iceland, the nursing profession is jointly regulated by the medical director of health, university faculty, and the Icelandic Nurses Association.

The mandates of the Nordic NRBs are public protection and the promotion of the nursing profession. Denmark and Iceland also list workforce, labor, or union issues as part of their mandate. The responsibilities and powers of the NRBs in Denmark, the Faroe Islands, Norway, and Sweden include licensing/registering nurses, administering nursing laws and regulations, making decisions about scope of practice, creating legislation, and disciplining nurses. Greenland's NRB has the additional responsibility of education and training. Finland's NRB only focuses on licensing nurses and making decisions about scope of practice. In Iceland, the medical director of health holds decision-making power jointly with university faculty and the Icelandic Nurses Association, and their only responsibility is licensing/registering nurses. All NRBs in the Nordic region possess the authority to require a national examination to practice nursing; however, Denmark shares such decision-making power with the Ministry of Education and the National Board of Health.

NRB composition

In Iceland, all members of the NRB are nurses and are appointed by the government. The other Nordic countries' NRBs are comprised of a mix of health and education members. In Finland and Sweden, members are required to represent healthcare and educational authorities, faculties of medicine, and other educational institutions responsible for educating healthcare professionals.

In Finland and Iceland, members serving on the regulatory body are appointed; in Sweden, members take office as public servants. In the Faroe Islands, those serving on the regulatory body are nominated by the profession. Denmark's regulatory body confirms

members through a combination of appointment, nomination, and election. Data were not publicly available as to how Greenland or Norway choose their members. Table 17 lists the number of members on each NRB.

TABLE 17

Number of Members on Nursing Regulatory Bodies in Europe—Nordic Countries

Country	Number of Members	Country	Number of Members
Sweden	8	Greenland	No data
Faroe Islands	19	Iceland	No data
Finland	24	Norway	No data
Denmark	81		

Licensure and Registration Requirements to Practice

The Nordic region authorizes nursing professionals who have completed their mandatory education and other requirements by granting a nursing license and/or registration. Overall, registration is required in most Nordic countries except for Iceland, which requires a nursing license. Finland and Sweden require both registration and licensure.

Denmark, Finland, Greenland, Norway, and Sweden all require passing a licensure examination (or its foreign equivalent) to become a nurse or midwife. The Faroe Islands has the authority to issue a licensure examination, but information about whether an examination is required is not publicly available. No examination is currently administered in Iceland, although the regulatory body has the authority to require one.

Once registered and/or licensed, a public database is typically the means by which a nursing professional's credentials are verifiable. This may take the form of a physical document, such as a journal, newspaper or gazette stored at the Ministry's headquarters. Most commonly, however, this information is available online through the Ministry of Health's website. Denmark, Finland, the Faroe Islands, and Norway all maintain an online database of registered nursing professionals that is accessible to the public. Sweden does not maintain an online database but allows an individual to attain information about a nurse via formal online or mail request. Iceland does not appear to maintain a public database, while Greenland's regulatory body provides the public with access to the register in hard copy, housed at the National Board of Governors and Health headquarters. In addition to verifying a nursing professional's credentials, notifications of past or current disciplinary actions are also publicly accessible as part of a nursing registry.

The NRBs of Denmark and Sweden also review criminal backgrounds of potential nurses. No information regarding criminal background checks was found for other Nordic countries.

Nurse Types and Titles

Aside from Denmark, there are generally two to four nurse types per country, including nurses, midwives, specialized nurses, and nurse assistants. Denmark has 8 nurse titles (Table 18).

TABLE 18

Nurse Titles in Nordic Countries

Country	Nurse Title	Country	Nurse Title	
Denmark	Nurse	Greenland	Nurse	
	Midwife		Midwife	
	Psychiatric nurse		Health assistant	
	Intensive care nurse		Health worker	
	Nurse anesthetist	Iceland	Nurse	
	Hygiene nurse		Specialist nurse	
	Cancer care nurse		Norway	Midwife
	Health visitor			Auxiliary nurse
Faroe Islands	Nurse	Sweden	General nurse	
	Midwife		Nurse	
Finland	Nurse	Midwife		
	Midwife	District nurse		
	Public health nurse	Specialist nurse		

Education

The Nordic regulatory bodies with smaller populations (Iceland, the Faroe Islands, and Greenland) approve nursing schools and programs. In countries with larger populations (Norway, Sweden, Denmark, and Finland), the authority to approve nursing programs or schools is reserved for the Ministry of Education.

As seen in Tables C29 through C31, nurses in Nordic countries are generally required to complete secondary school or up to 10 years of general education before they are allowed entry into a nursing program. The length of the nursing programs in the Nordic region range from 3 to 4 years.

The requirements for entry into a midwifery program vary by each country (Table C35). Sweden requires a complete bachelor's degree in a health science, along with 1 year of professional nursing experience. Finland also requires candidates to have completed their RN program. Denmark only requires the completion of a high school education, and Greenland requires permanent residency in addition to completion of a secondary school education. Midwifery programs in the Nordic region are between 1 to 3.5 years in length.

Table C36 displays the types of specialty nurses in Denmark, as well as the length of each nursing program and requirements for entry.

Continuing Competence Requirements

Regarding Continuing Competence, Norway and Denmark encourage lifelong learning in their nurses, whereas Finland specifies continuing education and training. Iceland and Sweden do not have requirements for continuing competence for their nurses. The Faroe Islands and Greenland do not address continuing competencies in their regulations.

Practice

Information about authorized nursing practices was available for Greenland and Sweden but not publicly available for other Nordic countries. In Sweden, nurses may prescribe medications if they complete a pharmacology/disease control course and midwives can prescribe contraceptives. Greenland grants nurses and midwives the authority to prescribe medications, refer patients, and diagnose illnesses in emergencies.

Discipline

In terms of discipline, the following actions are commonly taken in the Nordic region: suspension, revocation or denial of license, warnings, restriction on practice, probation, fine or civil penalty, practice limitation with or without probation, imprisonment, intensified supervision, and restricted registration.

Western and Central Europe

Western and Central Europe are comprised of Andorra, Austria, Belgium, the Czech Republic, France, Germany, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, the Netherlands, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Switzerland, and the United Kingdom. Of those 22 countries, Andorra, Liechtenstein, Monaco, San Marino, Switzerland, and the United Kingdom are the only countries that are not part of the EU. As of January 31, 2020, the United Kingdom has left the European Union; the data in this report reflects its prior status as a EU member.

Regulation and Governance

Of the 22 Western and Central European countries, nine maintain separate and independent nursing councils, while the other 11 defer to their Ministry of Health for nursing regulations. Jurisdictions whose nursing professionals are governed by an independent regulatory body are Andorra, Ireland, Italy, Malta, Poland, Portugal, Slovakia, Spain, and the United Kingdom. Jurisdictions whose nursing professionals are governed by a larger agency body are Austria, Belgium, the Czech Republic, Hungary, Liechtenstein, Luxembourg, Monaco, the Netherlands, San Marino, Slovenia, and Switzerland.

In the remaining two countries, France and Germany, responsibility for the nursing profession functions somewhat differently. In both countries, there is a single, national law enacted uniformly in each state or region (France refers to these as "departments"), but responsibility for administering the laws, including maintaining the registry, is delegated to a regulatory body at the state or departmental level. In France, including in France's overseas departments, this is done by a regional branch of the national *Ordre des Infermiers* (Order of Nurses), which functions independently from other professions. In Germany, these state regulatory bodies administer multiple disciplines.

Governing bodies across Western and Central Europe, whether independent or governed by a larger agency, hold the authority to administer nursing laws and regulations, take disciplinary actions, license and register nursing professionals, and make decisions regarding scope of practice. However, only 59% of jurisdictions hold the authority to create nursing legislation. Some governing bodies also have powers to handle labor matters, financial matters, inspection, accreditation, and approval of nursing education programs, offer modifications and opinions on legal acts and laws, and act in an advisory role to a minister of health. Others include disciplinary

matters (the Czech Republic, France, Liechtenstein, Luxembourg, and Malta); education and training matters (Liechtenstein, Monaco, and San Marino); and financial and budgetary matters (Andorra, the Czech Republic, and Luxembourg).

Regarding the NRBs' mandates, all but Portugal maintain a mission of public protection. Promotion of the nursing profession is also part of the mandate in a majority of jurisdictions. However, fewer than half include labor and workforce issues.

NRB Composition

The number of members on NRBs ranges from seven to 153 members. The jurisdictions with both the greatest and fewest number of members are both independent bodies. Portugal has 153 members, whereas Italy has only seven members (Table 19).

TABLE 19

Number of Members on Nursing Regulatory Bodies in Western and Central Europe

Country	Number of Members	Country	Number of Members
Italy	7	France	Not available
Andorra	9	Germany	Not available
United Kingdom	12	Hungary	Not available
Malta	14	Liechtenstein	Not available
Ireland	23	Luxembourg	Not available
Czech Republic	61	Monaco	Not available
Belgium	76	Netherlands	Not available
Poland	76	San Marino	Not available
Slovenia	122	Slovakia	Not available
Portugal	153	Spain	Not available
Austria	Not available	Switzerland	Not available

Where information is publicly available about the composition of Western and Central European regulatory bodies, most countries ($n = 15$) include nurses and midwives. The NRBs for France, Italy, and Portugal are composed entirely of nurses. Belgium, the Czech Republic, Luxembourg, Slovenia, and the United Kingdom all include physicians on their NRB, and Ireland, Malta, and the United Kingdom include members of the public. In Hungary and Liechtenstein, the regulatory body comprises members of various health professions, and in Austria and the Netherlands, the regulatory body comprises public servants who may or may not be nurses. No information is available about the NRB composition of San Marino or Switzerland.

Information about additional requirements or qualifications for those serving on NRBs in Western and Central Europe is not often publicly available. Belgium requires half of its members to be specialized nurses. Spain provides for specialties to be represented and also specifies that nurse educators from public and private institutions, as well as representation for retired nurses, employment, and alternative therapies be members. Portugal sets required minimum nursing experience for its president and members, whereas the United Kingdom has set forth a code of conduct for its members. France's national council is elected by its regional councilors, and the French statute sets out strict guidance for fair representation of genders within its councils.

Licensure and Registration Requirements to Practice

Western and Central Europe recognize authorized nursing professionals who have completed their mandatory education and other requirements in the grant of a nursing diploma, licensure, certification and/or registration. Information is not publicly available as to how San Marino authorizes its nursing professionals currently.

Austria, the Czech Republic, France, Germany, Hungary, Italy, Luxembourg, Slovakia, Slovenia, and Spain require passage of a qualifying examination before a nurse is authorized to practice. Most countries in this region also require proof of language proficiency, with the exceptions being Austria, Belgium, Hungary, Slovakia, and Spain. A majority of jurisdictions also require some form of evidence of good moral character. Other requirements for authorization to practice include declaration of physical fitness (Ireland) or indemnity insurance (Liechtenstein, Switzerland, and the United Kingdom).

Once a nursing professional receives his or her nursing diploma, license, certificate and/or is appropriately registered, a public database is typically the means by which a nursing professional's credentials are verifiable. In comparison to Eastern Europe, most of Western and Central Europe maintain an online public database or registry of nursing professionals. Austria, Belgium, the Czech Republic, France, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Slovenia, Spain, Switzerland, and the United Kingdom are among those countries.

Currently, Andorra, Liechtenstein, Malta, and Slovakia only provide the public with access to the information by supplying the requestor with a newspaper, file, or other type of document stored at the Ministry of Health's headquarters. It is not clear if these data are accessible in Monaco or San Marino. Poland and Portugal are rare exceptions and restrict all registry access and related disciplinary record information.

Nurse Types and Titles

Western and Central Europe employ a breadth of nurse specialty types in addition to nurse, midwife, and nurse assistant roles (Tables C32 through C34). In terms of general nursing, Hungary and Poland recognize variations in the education of nurses, such as RNs, nurses holding a bachelor's degree in nursing, and nurses holding a master's degree in nursing. Italy recognizes RNs in general care and in pediatrics. The role of the midwife is recognized in 16 jurisdictions. Jurisdictions that do not appear to specifically recognize midwives are Belgium, Italy, Poland, Portugal, San Marino, and Switzerland.

Many jurisdictions in this region recognize several specialty nurses. Pediatric and psychiatric/mental health nurses are common, as are surgical/operating room nurses. Notably, Hungary recognizes occupational health nurses. In addition to recognizing mental health nurses, the United Kingdom and Ireland both recognize intellectual disability nurses. In addition to nurse specialists and pediatric nurses, Germany also recognizes geriatric nurses. Only Austria, the Czech Republic, France, Germany, Monaco, and Slovenia recognize nursing assistants, auxiliary nurses, nursing technicians, or healthcare assistants.

Education

Education programs for general nurses or RNs have a duration of 3 years in a majority of jurisdictions (Tables 32 through 34). In jurisdictions reporting specialty nurse programs, those programs generally have a duration of 1 to 2 years. Specialty nurse programs in Germany are 3 to 4 years. In Malta, Ireland, Slovakia, and Spain, programs may be 3 years long depending on which educational track a student has chosen.

Continuing Competence

Lastly, continuing competence/education appears to be a requirement in most Western and Central European countries except in Belgium, Ireland, Portugal, and Switzerland. There are no clear data whether such a requirement is mandated in Hungary or San Marino.

Practice

Overall, nurses in Western and Central Europe have limited authority to prescribe medications, diagnose illnesses, and refer patients. That is evident in Spain, where nurses may prescribe medications so long as they have an order of dispensation. Similarly, in Monaco, nurses may prescribe certain vaccinations and make nursing diagnoses and referrals in emergencies, and in Luxembourg, nurses can prescribe medications and refer patients only in emergencies. In France, nurses are authorized to renew prescriptions for oral contraceptive drugs, other prescriptions less than 1 year old, limited medical devices, and nicotine substitutes. Nurses in Poland must complete an additional course specializing in prescribing medicine and writing prescriptions before he or she can write prescriptions for medications within doctors' orders or issue referrals for specific diagnostic tests. In the United Kingdom, nurses must complete nursing council–approved post-registration qualifications before they can prescribe medications, as they are not granted prescribing rights upon registration. Nurses may prescribe in Austria in line with a doctor's previous instructions.

Nurses in the Czech Republic, Malta, Portugal, and Slovakia are completely restricted from prescribing medications. Nurses are authorized, however, to refer and diagnose patients in Portugal. In Switzerland, nurses may only diagnose illnesses, while nurses in Ireland and Slovenia may refer patients. For some countries, information on diagnosis and prescribing is lacking entirely, such as in Germany, Hungary, Italy, and San Marino.

Discipline

In addition to verifying a nursing professional's credentials, notifications of past or current disciplinary actions are also publicly accessible as part of a nursing registry. In terms of discipline, the following actions are commonly taken in Western and Central Europe: (a) reprimand, (b) suspension, (c) fine or civil penalty, (d) denial or withdrawal of license, (e) surrender of license, (f) removal or denial of name from register, (g) revocation, (h) practice limitation, (i) probation, (j) censure, and (k) warnings. Data on specific disciplinary measures are lacking in Hungary, Portugal, and San Marino.

The Middle East

For purposes of the following analysis, Middle Eastern jurisdictions include Armenia, Azerbaijan, Bahrain, Georgia, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, and Yemen. As Cyprus is a member of the European Union, analysis of Eastern Europe included Cyprus.



Regulation and Governance

The majority of the regulatory bodies that govern nursing in the Middle Eastern jurisdictions are a cooperation between a larger agency and an independent body. Georgia does not have a regulatory body that oversees nursing, and there is no information publicly available about the nursing regulatory body in Palestine.

In many jurisdictions, an authorizing agency body of the national government such as the Ministry of Health or general medical or health authority is the governing regulatory body. This is the case in Armenia, Azerbaijan, Bahrain, Iraq, Kuwait, Palestine, Qatar, Saudi Arabia, and Yemen. Lebanon and the United Arab Emirates have NRBs that are independent of those for other health professions.

The respective Ministry of Health, in cooperation with a medical or health authority or council governs the nursing profession in Iran, Israel, Jordan, Oman, and the Syrian Arab Republic. In Israel, The Nursing Administration within the Ministry of Health governs the nursing profession. In Iran, the Ministry of Health and Medical Education works in conjunction with the Nursing Board of the Ministry of Health, which approves nurse education institutions, whereas the Ministry holds other powers. In Oman, the Directorate General of Nursing Affairs, under the Ministry of Health, governs the profession. The Syrian nursing profession is regulated by its Council of the Branch, which is a regional body under the Ministry of Health. Regulations and standards are set through the Ministry of Health, but the regional Council of the Branch executes registrations and approves the applicant for practice of the profession. The nursing profession in Jordan is regulated by the Ministry of Health, the Jordanian Nursing Council, and the Jordanian Nurses and Midwives Council.

All regulatory bodies license nursing professionals and all (except for Kuwait) make decisions about authorizing practice responsibilities. Most (except for Kuwait and Oman) hold the responsibility to administer laws and regulations. The Yemeni Medical Council and the Azerbaijan Republic Ministry of Public Health hold additional authority to participate in nursing labor and work-related matters. Most jurisdictions except for Iran, Palestine, Syria, and the United Arab Emirates also discipline nurses. In just over half of the Middle Eastern countries (Armenia, Azerbaijan, Bahrain, Iran, Israel, Jordan, Lebanon, Qatar, and the United Arab Emirates), the NRB also has the ability to create legislation.

No information is publicly available about the mandate, or mission, of the Palestinian regulatory body. Of the fifteen other Middle Eastern countries with an NRB, all state that public protection is a part of their mandate. Eight countries (Armenia, Azerbaijan, Iran, Israel, Jordan, Lebanon, Oman, and Saudi Arabia) also promote the nursing profession, and five (Azerbaijan, Jordan, Lebanon, Syria, and Yemen) also handle nursing workforce and labor matters.

NRB Composition

Most members of the multidisciplinary bodies are either positioned in an *ex officio* manner or nominated by their profession and approved by the government; however, members of the Saudi Arabia Health Commission and the Qatar Council for Healthcare Practitioners are approved and appointed.

There are between five and 20 members on NRBs across the Middle East (Table 20). In Israel, representatives must be Israeli citizens and residents and must possess a satisfactory background and review. In other jurisdictions, a member must be a registered nursing professional who has practiced for a minimum number of years. In Qatar, the multidisciplinary Council consists of medical professors, deans of medical schools, and officials from various medical organizations and medical oversight boards.

TABLE 20

Number of Members on Nursing Regulatory Bodies in the Middle East

Country	Number of Members/ Representatives	Country	Number of Members/ Representatives
Syrian Arab Republic	5	Georgia	No data
Qatar	7	Iraq	No data
Armenia	10	Israel	No data
Jordan	10	Kuwait	No data
Iran	11	Oman	No data
Lebanon	12	Palestine	No data
Azerbaijan	14	United Arab Emirates	No data
Saudi Arabia	20	Yemen	No data
Bahrain	No data		

Licensure and Registration Requirements to Practice

All regulatory bodies license nursing professionals. Eleven of the 17 Middle Eastern jurisdictions require a qualifying examination for certain nurse types leading to authorization to practice in the profession (Table 21).

TABLE 21

Examination Requirements by Jurisdiction and Nurse Type in the Middle East

Jurisdiction	Nurse Type	Requires Qualifying Examination	Jurisdiction	Nurse Type	Requires Qualifying Examination
Armenia	RN	Yes	Lebanon	RN	Yes
	Nurse	Yes		RN (technique superior)	Yes
	Nurse assistant	Yes		Nurse	Yes
Azerbaijan	Nurse-midwife	Yes	Palestine	Nurse	Yes
	Midwife	Yes		Midwife	Yes
	Auxiliary midwife	Yes		Qatar	Registered General Nurse
Bahrain	General nurse	Yes	Registered Nurse		Yes
	Practical nurse	Yes	Registered Midwife		Yes
	Specialist nurse	Yes	Clinical Nurse Specialist		No
	Clinical nurse specialist	Yes	Nurse Practitioner		No
	Midwife	Yes	Nurse Trainee	No	
Iran	General nurse/nurse technician	Yes	Saudi Arabia	Nurse	Yes
Iraq	Midwife	Yes		Nurse specialist	Yes
	Nurse	Yes		Nursing assistant	Yes
Israel	Advanced practice RN	Yes	United Arab Emirates	Practical nurse	Yes
	RN	Yes		RN	Yes
	Practical nurse	Yes		Advance practice nurse	Yes
	Midwife	Yes		Practical midwife	Yes
	Public health nurse	Yes			
	Academic registered lactation consultant	Yes			

Note. RN = registered nurse.

For nurses wishing to practice in the Middle East, a language proficiency examination is required in Iran and Israel. Information is not publicly available as to whether a language proficiency examination is required in other Middle Eastern jurisdictions. All Middle Eastern jurisdictions require some form of evidence of good moral character in order to practice within the profession.

Overall, nearly all nurses in this region must take a qualifying examination before they are authorized to practice. In addition to the Type 1 Practice Nurse in Georgia, for which an examination is not required, Iran's practical nurse, nurse anesthetist, and operating

room nurse do not require an examination. Additionally, Jordan’s RN, associated nurse or practical nurse roles, Qatar’s clinical nurse specialist or nurse practitioner roles, and Oman’s nurse and midwife roles do not require an examination.

In the Middle East, an NRB may grant authorization to practice in the nursing profession by license, registration, or registration followed by a license (Table 22). Authorization to practice may also be granted by a certification followed by registration, or nurses may simply be authorized to practice when their education and training has been successfully completed. The 17 Middle Eastern jurisdictions are split as to the means by which they grant authorization to practice nursing.

TABLE 22

Authorization to Practice Nursing in the Middle East

Country	How Are Nurses Authorized to Practice?	Country	How Are Nurses Authorized to Practice?
Armenia	On completion of education	Lebanon	Licensure and registration
Azerbaijan	Certification certificate and registry	Oman	Licensure and registration
Bahrain	Licensure	Palestine	Licensure
Georgia	On completion of education	Qatar	Licensure and Registration
Iran	Registration	Saudi Arabia	Registration
Iraq	Licensure and registration	Syria	Registration
Israel	Registration	United Arab Emirates	Licensure and registration
Jordan	Licensure	Yemen	Licensure
Kuwait	Licensure		

To identify and verify those nursing professionals who are authorized to practice, some jurisdictions retain a register containing the names of those authorized. Sometimes, this register is made available to the public. In the Middle East, four jurisdictions that strictly grant authority by license (Palestine, Yemen, Kuwait, and Jordan) do not offer a publicly available register. The exception to this rule is Bahrain, whose registry of nursing professionals is published online. Armenia does not offer a publicly available registry. In Lebanon, the Order of Nurses publishes public information on its website related to the number of nurses per nursing degree and the distribution of those nurse across different healthcare sectors; however, specific identities of nursing professionals are not publicly included. Remaining Middle Eastern jurisdictions are divided as to whether a register of nursing professionals is freely available to the public.

Nurse Types and Titles

The Middle East uses common nurse types such as RNs, practical nurses, and midwives; however, some nurse types and categories are very detailed (Tables C35 through C38). For example, Israel recognizes a particularly specialized nurse—the academic registered lactation consultant. There are two types of registered nurses, RNs and technique superior registered nurses, in Lebanon. The four types of nurse specialists in Saudi Arabia are General Specialists 1 and 2 and First Specialists 1 and 2. These nurse specialists are categorized by education, training, and competence. For instance, Nurse Specialist 1 requires successful completion of a bachelor’s degree program in a specialty for entry into the Nurse Specialist 1 program, whereas a master’s degree or equivalent in a specialty is required for entry into a Nurse Specialist 2 program. Furthermore, 2 years of post–master’s degree experience in nursing is required for First Specialist 1 program entry, and 3 years of post–master’s degree experience in nursing is required for First Nurse Specialist 2 program entry.

Georgia has two types of general nurse, a Type 1 practice nurse and a Type 2 practice nurse. The Type 1 practice nurse requires completion of secondary education before program entrance, whereas and Type 2 practice nurse requires passage of the National Entrance Examination.

Oman requires the demonstration of English language proficiency including admission interviews held in both Arabic and English languages for psychiatric nurses, infectious disease nurses, and pediatric nurses.

Most Middle Eastern jurisdictions also recognize a general midwife and some form of nurse assistant. In Bahrain, Iran, Israel, Jordan, and the United Arab Emirates, a nursing assistant is also called a Practical Nurse. Jordan has suspended its practical nursing program from new applicants.

Education

In a majority of jurisdictions, education programs are approved by each jurisdiction’s respective Ministry of Health, Ministry of Education, or in a cooperation with both. The regulatory boards in Iran, Qatar, and Oman hold exclusive authority to approve nursing education programs.

Regarding nurse education, requirements vary depending on nurse type (Tables C35 through C38). Overall, general nursing programs range between 3 to 4 years. In Israel, the core curriculum for the nursing program is 4 years for a degree program and 2.5

years for a diploma program. In addition, each nursing institution may enhance that curriculum. To become a nursing professional in a specialty, such as an operating room nurse in Iran or a nurse-midwife in Azerbaijan, a minimum of an additional 1 or 2 years of education and training is required.

Continuing Competence

Nearly all jurisdictions in the Middle East require some sort of continuing competence. This requirement varies depending on nurse type and renewal period. Azerbaijan follows a lifelong learning requirement for nursing professionals, which is similar to EU jurisdictions. Lebanon is currently in the process of developing continuing competency standards. In general, licensed professionals in the Middle East may renew their license to practice every 4 to 5 years following successful completion of continuing competence.

Practice

From the limited data, the scope of practice varies depending on nurse type across the Middle Eastern region. In Azerbaijan, a midwife may diagnose pregnancies and refer patients for additional medical care. In Syria, a nursing professional may perform all urgent medical assistance only after the arrival of a physician. Furthermore, in Syrian villages and areas where there is no pharmacy, it is permissible for a nursing professional to sell medicines after obtaining permission from the Ministry of Health. In Qatar, a nurse practitioner may prescribe medication, and nurse practitioners, registered midwives, and clinical nurse specialists can refer patients to other services.

Discipline

Nearly all Middle Eastern jurisdictions take disciplinary measures against nursing professionals when necessary. Sanctions are more extensive in some jurisdictions. For example, sanctions in Azerbaijan include a fine or civil penalty, revocation of the authorization to practice, and a denial of the Certification Certificate. Sanctions in Armenia include a limitation and probation on the professional's ability to practice and a denial of authorization to practice. Other sanctions employed in the Middle East include denial of registration, warnings, remediation, suspension of authorization/license, removal of the professional's name from the register, reprimands, and imprisonment.

Some jurisdictions enlist broad sanctions. Disciplinary measures in Iran include varying forms of probation, suspensions, and limitations on practice. Jordan's regulatory system may implement any and all sanctions because the Ministry of Health disciplines on matters relating to licensing and the Jordanian Nursing Council disciplines on matters relating to a professional's specialization and professional classification. Disciplinary records in a majority of the jurisdictions are not available to the public; however, the Saudi Arabia Health Commission makes disciplinary records of health professionals public. The Qatar Council for Healthcare Practitioners has an online registry of nurses, accessible with an account, but it is unclear whether the same registry contains discipline information or whether that information is available to the public. In Lebanon, disciplinary records are considered strictly confidential.

APPENDIX A

Glossary of Terms

- accreditation (accrediting body)** A nongovernmental, often voluntary, peer review process for educational programs that assesses the quality of an educational program and recognizes programs as meeting a set of requirements.
- advanced practice registered nurse (APRN)** A registered nurse who has a graduate degree and advanced knowledge. There are four categories of APRNs: certified nurse-midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications.
- African Health Profession Regulatory Collaborative for Nursing and Midwifery (ARC)** A collaborative comprised of 17 African member nations whose objectives are to support and build nursing and midwifery capacity to sustain and increase HIV services; advance nursing and midwifery regulatory frameworks; strengthen nursing and midwifery organizational capacity and leadership; foster collaboration; and promote dialogue between member countries.
- approval (of education)** Official recognition of a nursing education program as meeting the standards established by the appropriate government authority.
- Association of Southeast Asian Nations (ASEAN)** A 10-member association of Southeast Asian nations whose purposes and aims are to accelerate the economic growth, social progress and cultural development in the region through joint endeavors in the spirit of equality and partnership; to promote regional peace and stability through abiding respect for justice and the rule of law in the relationship among countries of the region and adherence to the principles of the United Nations Charter; to promote active collaboration and mutual assistance on matters of common interest in the economic, social, cultural, technical, scientific, and administrative fields; to provide assistance to each other in the form of training and research facilities in the educational, professional, technical, and administrative spheres; to collaborate more effectively for the greater utilization of their agriculture and industries, the expansion of their trade (including the study of the problems of international commodity trade), the improvement of their transportation and communications facilities, and the raising of the living standards of their peoples; to promote Southeast Asian studies; and to maintain close and beneficial cooperation with existing international and regional organizations with similar aims and purposes and explore all avenues for even closer cooperation among themselves.
- authorization to practice** Authority granted to a nursing professional allowing that professional to practice nursing within the scope of his or her respective discipline. This authority is generally granted after a nursing professional has completed the required education and training programs within their jurisdiction. A qualifying examination leading to authorization may also be required.
- board of nurses (nursing board)** A governmental agency responsible for regulation of the nursing practice.
- Canadian Free Trade Agreement (CFTA)** An agreement that applies to trade, investment, and labor mobility within Canada comprising 14-member provinces and the Canadian federal government. The Agreement seeks to eliminate barriers in trade and the mobility of goods, services, investments, and persons within Canada by reconciling standards and regulatory measures through nondiscriminatory treatment.
- Caribbean community (CARICOM)** Comprised of 15 Caribbean member states and five associate Caribbean member states; the overarching purpose of CARICOM is to encourage and engage in functional cooperation between Caribbean nations. CARICOM rests on four main pillars: economic integration; foreign policy coordination; human and social development; and security.
- cease and desist order** A document sent to an individual to permanently halt purportedly unlawful activity.
- censure** A reprimand, which could be public or private, for an infraction or violation.
- certified nursing assistant (certified nursing aid) (CNA)** A person who is certified to assist with the delivery of direct nursing care to patients. Works under the supervision of a nurse.
- certified nurse midwife (CNM)** A registered nurse (RN) who has a graduate degree and advanced knowledge specific to the practice of midwifery. The CNM is one of four types of advanced practice RNs: certified nurse midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications.
- certified nurse practitioner (CNP)** A registered nurse (RN) who has a graduate degree and advanced knowledge. The CNP is one of four types of advanced practice RNs: certified nurse midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications.
- certified nurse specialist (CNS)** A registered nurse (RN) who has a graduate degree and advanced knowledge in a specific specialty. The CNS is one of four types of advanced practice RNs: certified nurse-midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications.
- certified registered nurse anesthetist (nurse anesthetist) (CRNA)** A registered nurse (RN) who has a graduate degree and advanced knowledge in the administration of anesthesia. The CRNA is one of four categories of advanced practice RNs: certified nurse-midwife (CNM), certified nurse practitioner (CNP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). These nurses can diagnose illnesses and prescribe treatments and medications.
- citation order** A civil penalty that may affect a nurse's licensure or registration but usually is not related to the nurse's actions in practice.
- compact** An agreement between several jurisdictions that allows nurses from each jurisdiction to work in any participating jurisdiction without meeting additional requirements.
- conditional probation** Limitation or restriction of one or more aspects of practice.
- continuing competence (continuing professional development) (continuing fitness to practice)** Additional education or training following initial authorization to practice. It is often required to remain authorized to practice.
- credentials** In some countries, the abbreviations included in a person's title that indicate the achievement of a certain level of education or training, such as MD for medical doctor.
- discipline** Review and investigation taken by a regulatory body acting through its statutory authority after a nurse has or is alleged to have violated the nursing laws, acts, or regulations. The regulatory body may take disciplinary action against the nurse's license.
- East, Central, and Southern Africa College of Nursing (ECSACON)** An arm of the East, Central, and Southern Africa Health Community (ECSA-HC). ECSACON focuses on the areas of nursing and midwifery. The mandate seeks to promote and strengthen professional excellence in nursing and midwifery in the region.
- East, Central, and Southern Africa Health Community (ECSA-HC)** A nine-member intergovernmental health organization that fosters and promotes regional health cooperation among member states.

- European Union (EU)** A union of 28 member European countries whose goals and values are to promote peace, its values, and the well-being of its citizens; to offer freedom, security, and justice without internal borders; to offer sustainable development based on balanced economic growth and price stability, a highly competitive market economy with full employment and social progress, and environmental protection; to combat social exclusion and discrimination; to promote scientific and technological progress; to enhance economic, social, and territorial cohesion and solidarity among EU countries; to respect its rich cultural and linguistic diversity; and to establish an economic and monetary union whose currency is the euro.
- fitness to practice** Having the skills, knowledge, competence, health, and character to practice within the nursing profession. Evidence of moral character such as criminal background checks and references may be included.
- gazette (national gazette)** An official publication by a government.
- governance** The means by which nurses are regulated in a jurisdiction, including the laws and regulations that apply to nurses and the organization with the authority to enforce these regulations.
- independent governing body (independent body)** An organization that operates independently from bodies that regulate other professions.
- jurisdiction** The country, state, province, or other geographically delineated region in which a single, uniform set of nurse laws applies.
- license/licensure** A method by which regulatory bodies grant a nurse authorization to practice. Nurses must meet certain criteria to receive a license and are sometimes required to renew the license after a certain period of time.
- licensed practical nurse (licensed vocational nurse) (LPN) (LVN)** An individual who has completed a state-approved practical or vocational nursing program, passed the National Council Licensure Examination for Practical Nurses (NCLEX-PN), and is licensed by a state board of nursing to provide patient care. Normally works under the supervision of a registered nurse, advanced practice registered nurse, or physician.
- mandate** The action or actions an organization is authorized and expected to take.
- medication aid (certified medication aid/assistant) (MA-C)** A person who is certified to administer medication under the supervision of a nurse.
- Ministry of Education** A ministry of government that has responsibility for multiple areas of education and education professions.
- Ministry of Health** A ministry of government that has responsibility for multiple areas of healthcare and health professions.
- mobility** The ability of nurses to work across state, province, or country borders.
- multidisciplinary body** An entity that regulates many areas or many professions, such as a Ministry of Health or Ministry of Education.
- mutual agreement** An agreement between two jurisdictions that allows nurses from each jurisdiction to work in either jurisdiction without meeting additional requirements.
- national examination** A nationally required examination for nurse licensure.
- National Council Licensure Examination (NCLEX)** A national licensure examination developed by the National Council of State Boards of Nursing (NCSBN) for registered nursing (NCLEX-RN) and practical/vocational nursing (NCLEX-PN) in the United States, the U.S. territory members, Canada, and U.S. associate members.
- nursing council (nursing board) (board of nurses)** A governmental agency responsible for regulation of the nursing practice.
- nursing diagnosis** An evidence-based clinical judgment that allows a nurse to develop a care plan and select nursing interventions.
- Nurse Licensure Compact (NLC)** An agreement allowing a nurse to have one multistate license with the ability to practice in the home state and other member compact states.
- nursing register (role of nurses) (register of nurses)** A list or database of every nurse currently authorized in a jurisdiction.
- probation** Limitation of practice.
- public member** A member of the regulatory body that does not belong to the profession that the body regulates.
- qualifying examination** An examination for nursing licensure.
- register/registration** A method by which regulatory bodies grant a nurse authorization to practice. Nurses must meet certain criteria to join the register and are sometimes required to renew their registration after a certain period of time.
- registered nurse (RN)** An individual who has graduated from a state-approved school of nursing, passed the National Council Licensure Examination for Registered Nursing, and is licensed by a state board of nursing to provide patient care.
- regulatory body (governing body)** The organization, usually a branch of the government, that is authorized to regulate nurses within a jurisdiction.
- remediation** Requirements that a nurse must accomplish to reinstate authorization to practice after it has been suspended.
- reprimand** A public and formal censure administered to a nurse by the appropriate governing body.
- revocation** Permanent removal of a nurse's authorization to practice.
- sanction** A penalty or punishment against a nurse's authorization to practice.
- scope of practice** The tasks and procedures that a nurse is qualified and authorized to carry out based on his or her level of training.
- Southern Common Market (MERCOSUR)** An economic and political bloc encompassing certain South American and Caribbean nations. The main objective of MERCOSUR is to promote a commonality in the process of generating business and investment opportunities by integrating the national MERCOSUR economies into the international market.
- specialist nurse** A nurse who is part of a consulting team and provides a specific type of advice, counselling, and care. In some jurisdictions, a specialist nurse is a type of advanced practice registered nurse.
- summary suspension** Emergency action to remove a nurse's authorization to practice in order to protect the health safety and welfare of the citizens of the state.
- suspension** Removal of a nurse's authorization to practice for a period of time.
- telehealth** The practice of healthcare in which the patient and provider are not in the same physical location, through the use of telecommunications.
- World Health Organization (WHO)** An agency of the United Nations that seeks to direct and coordinate international health within the United Nations system, supporting countries and work mainly in the areas of health systems; health through the life course; noncommunicable and communicable diseases; preparedness, surveillance, and response; and corporate services.

Jurisdictions Not Included in Data Analysis

TABLE B1

Jurisdiction not included in Data Analysis

Sub-jurisdictions of Australia, France, New Zealand, and the United Kingdom that were not included because they were part of another country. Jurisdictions of Central America and Africa were not included because sufficient data could not be gathered.

Region	Jurisdiction or Sub-jurisdiction	Region	Jurisdiction or Sub-jurisdiction
Australia	Norfolk Island Pitcairn Islands	Central America	Panama
France ¹	French Guiana Guadeloupe Martinique Mayotte Réunion	Africa	Algeria Angola Chad Equatorial Guinea Guinea-Bissau Sao Tome and Principe Senegal Somalia South Sudan Sudan Western Sahara ³
New Zealand	Niue Tokelau		
The United Kingdom ²	Falkland Islands Gibraltar Guernsey Jersey Isle of Man Saint Helena		

¹ In the early 21st century, all five French overseas entities listed here as sub-jurisdictions became French regions and were made part of France proper. France maintains the nursing registry for all five sub-jurisdictions.

² The following British territories do not share a nursing registry with the United Kingdom, but rather have their own: Anguilla, Bermuda, British Virgin Islands, Cayman Islands, and Turks & Caicos.

³ “Morocco and The Popular Front for the Liberation of Saguia el Hamra and Rio de Oro (Polisario) dispute each other’s claims of sovereignty over territories in Western Sahara. Thus, the governmental authority—and authority over professional groups such as nursing—remain unresolved the territory. See U.S. Department of State. (2003, March 31). Western Sahara. <https://2009-2017.state.gov/j/drl/rls/hrrpt/2002/18292.htm>

Educational Requirements for Entry into Nursing Programs by Regions

This appendix comprises tables that outline the duration of nursing programs and the requirements to enter those programs by continent/region and nurse type (e.g., general nurse, specialist nurse, midwife, nurse assistant).

Africa

TABLE C1

Types of Nurses and Duration of Nursing Program and Requirements for Entry—General Nurses in Africa

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Benin	Nurse	No data	No data
Botswana	RN	3–4 years	Higher secondary education
Burkina Faso	Nurse	No data	Successful completion of Grade 12
Burundi	RN	2–4 years Technical school (nursing): 2 years Technical school (university access nursing): 3–4 years	Passage of lower secondary education, or higher secondary education with passing examination for university
Cape Verde	General nurse	4 years	No data
	Primary nurse (3 levels)	3–4 years Level 1: 4 years of nursing education and training in addition to master's level education Level 2: 3 years of nursing education and participation in scientific/ professional article Level 3: 3 years of nursing education, participation in 2 scientific articles, and participation in scientific/ professional activities	4 years of previous nurse training
Cameroon	Graduate nurse	3 years	Complete entrance examination to training school; complete minimum of Grade 12 education. External candidates must be aged ≤25 years on December 31 of the year of the application and complete an entrance examination approved by Ministry of Health
Congo, Democratic Republic of	No data	No data	No data
Côte d'Ivoire	Nurse	No data	No data
Djibouti	Nurse	3 years	Completion of secondary school
Egypt	Nurse	3 years	Completion of high school
Ethiopia	Nurse	Program comprises 1650 theory hours and 420 hours of internship course modules in hospital	Must have successfully completed at least Grade 10 and the minimum requirements of the Ministry of Education
	Bachelor of nursing	4 years	Successfully completed Grade 12 and possess the minimum requirements or directives of the Ministry of Education
Gabon	Nurse	3 years	Completion of Grade 12
Gambia	RN	3 years	GCE O Level: 5 credits that must include English, science, and three other academic subjects; OR Senior Secondary School Certificate of Education: 4 credits that must include English, science, and two other academic subjects
	Enrolled nurse	2 years	

TABLE C1 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Gambia (continued)	Bachelor of nursing	2.5–4 years Duration is dependent on educational tract	4-year BSN program requires Senior Secondary School Certificate with credit passes in English language and mathematics and any other three science courses (biology, chemistry, physics, general sciences, or further mathematics) RN to BSN program requires candidates to be an RN for a minimum of 2 years, in addition to credit passes in courses, as above.
Guinea	Nurse	3 years	Minimum education of Grade 12 (high school)
Ghana	RN	3 or 4 years, depending on 3-year diploma or 4-year degree	Age limit, 18–35 years. Depending on program: Overall aggregate score of 30 or better in six subjects comprising three core and three electives, or overall aggregate score of 24 or better in six subjects comprising three core and three electives.
Lesotho	General nurse/ nurse technician	3 years	Licensure, credentialing and registration
Liberia	RN	Has completed prescribed education and training from accredited institution	Minimum high school education (Grade 12)
	Graduate nurse	Has graduated from accredited program.	No data
Madagascar	Nurse	3 years	Completion of Grade 12 (high school)
	Master's in nursing	No data	Must have a bachelor's degree; state diploma in nursing or midwifery or other equivalent recognized diplomas; must have at least 3 years of and pass an entrance examination
Malawi	Registered nurse midwife	4 years	GCE O level with six credits in science subjects
	Nurse midwife technician	3 years	GCE O level with three credits in science subjects
Mauritania	Nurse	No data	Completion of Grade 12
Mauritius	Registered general nurse	3 years	High school certificate with one science subject
	Enrolled nurse	2 years	No data
Morocco	RN	No data	Completion of high school and certificate of health including vaccinations (students are entitled to vaccine program through Government Health Authority); science diploma if applying for entry into the Higher Institutes of Nursing and Health Professions
Mozambique	RN	No data	Completion of Grade 12
Namibia	RN	3–4 years	No data
	Enrolled nurse	No data	No data
Niger	General nurse	3 years	Completion of Grade 10
Nigeria	General nurse	No data	Must be aged between 18–35 years and maintain five credit passes in mathematics, English, physics, chemistry, and biology. Any student with foreign examination board result(s) is expected to submit an evaluation report or equivalent grading.
	Post-basic nurse	No data	Only students who commenced their basic education before the year 2006 can be considered for indexing with the same entry qualifications accepted during their entry into basic program.
Rwanda	Registered general nurse	3–4 years	High school education with successful completion of biology, chemistry, physics, and mathematics
	Associate nurse	3 years	3 years of secondary school
South Africa	General nurse	No data	No data
	Professional RN	4 years	Completion of high school with successful completion of specific subjects, which vary by university
Tanzania	Enrolled nurse	2 years	No data
	RN	3 years	Applicants must successfully pass subjects of biology, chemistry, and physics
	Enrolled nurse	2 years	Applicants must successfully pass subjects of biology, chemistry, and physics.

TABLE C1 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Togo	State-certified nurse	3 years	No data
Tunisia	Nurse	3 years	Tunisian nationals must be aged ≥ 17 years; up to date on their vaccinations; and must pass an entrance examination. Foreign applicants are subject to selection examinations and must present a photocopy of their nursing diploma and a record of their nursing program of studies and course hours and evaluations
Zambia	RN	3 years	Applicants must be in possession of a Cambridge or equivalent certificate with a pass in English and four other subjects, three of them being general science, mathematics and biology; or the candidate is the holder of a certificate to the effect that he or she has been a medical assistant for 3 years and has been working as such continuously for at least 1 year; attains the age of 17 years
	Enrolled nurse	2 years	The candidate meets the following educational requirements: submits Form II or Form III with passes in English, one science subject, and two other subjects; attains the age of 17 years; passes a medical examination
Zimbabwe	Registered general nurse	3–4 years	GCE at O Level taken at the end of Grade 11 with grades A to C in at least five subjects, including English language and a science
	State-certified nurse	2 years (previously) as state-certified nurses are no longer trained.	Not applicable; state-certified nurses are no longer trained in Zimbabwe, but some remain in the workforce.

Note. BSN = bachelor of science in nursing; GCE = General Certificate of Education; O Level = ordinary level; RN = registered nurse.

TABLE C2

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Specialty Nurses in Africa

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Botswana	Psychiatric nurse	2 years	Diploma in nursing
	Family nurse practitioner	2 years	Diploma in nursing
	Community health nurse	2 years	Diploma in nursing
Cape Verde	Nurse specialist	4 years initial nursing education/training in addition to participation in scientific/professional articles and presentations, followed by approval by competition	Participation in at least 4 actions of health promotion and prevention of diseases within communities, presentation of clinical cases; participation in technical/scientific activities; or obtaining degree of specialty in nursing
Cameroon	Reproductive health nurse	2 years	Holds state nursing diploma, has practiced for 2 years, and completes entrance examination approved by the Ministry of Health
	Ophthalmic nurse	2 years	Holds state nursing diploma, has practiced for 2 years, and completes entrance examination approved by the Ministry of Health
	Nurse anesthetist	2 years	Holds state nursing diploma, has practiced for 2 years, and completes entrance examination approved by the Ministry of Health
	Mental health nurse	2 years	Holds state nursing diploma; has practiced for 2 years; and completes entrance examination approved by the Ministry of Health
Ethiopia	Master's nurse	2–2.5 years	Bachelor of nursing or midwifery degree, 2 years' work experience, and successful passing of a university-designed entrance examination

TABLE C2 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Gambia	Community health nurse	2 years	No data
	Master's in nursing	No data	Completion of BSN program
Ghana	Nurse practitioner	No data	No data
	Psychiatric nurse	3 years (diploma) or 4 years (degree)	Age limit is 18–35 years; overall aggregate score of 30 or better in six subjects comprising three core and three electives; or overall aggregate score of 24 or better in six subjects comprising three core and three electives
	Public health nurse	Completion of nursing program, followed by 1 year post-basic training	Holds RGN, RMN, RM, or RCN credential. Service requirement: Mandatory 1-year rotation/internship with National Service; 3 years' experience in a relevant basic nursing area; or 2 years' experience after nurse internship.
	Registered mental health nurse	3 years	Age limit is 18–35 years; overall aggregate score of 30 or better in six subjects comprising three core and three electives; or overall aggregate score of 24 or better in six subjects comprising three core and three electives
	Registered community nurse	Training as nurse, followed by 1 year post-basic training/education.	Holds RGN, RMN, RM, or RCN credential. Service requirement: Mandatory 1-year rotation/internship with National Service; 3 years' experience in a relevant basic area or 2 years' work experience upon a request from a facility after internship.
	Pediatric nurse	Training as nurse, followed by post-basic education/training	Holds RGN, RMN, RM, or RCN credential. Service requirement: Mandatory 1-year rotation/internship with National Service; 3 years' experience in a relevant basic area or 2 years' work experience upon a request from a facility after internship.
	Ophthalmic nurse	Completion of nursing program, followed by 1 year post-basic training/education	Holds RGN, RMN, RM, or RCN credential. Service requirement: Mandatory 1-year rotation/internship with National Service; 3 years' experience in a relevant basic area or 2 years' work experience upon a request from a facility after internship.
	Oncological nurse	3 years (diploma) or 4 years (degree)	Age limit is 18–35 years; overall aggregate score of 30 or better in six subjects comprising three core and three electives; or overall aggregate score of 24 or better in six subjects comprising three core and three electives
	Critical care nurse/perioperative nurse	Completion of nursing program followed by 1 year post-basic training/education	Holds RGN, RMN, RM, or RCN credential. Service Requirement: Mandatory 1-year rotation/internship with National Service; 3 years' experience in a relevant basic area or 2 years' work experience upon a request from a facility after internship.
Lesotho	Theater nurse	1 year	Completion of a general nursing program
	Nurse anesthetist	1 year	Completion of a general nursing program
	Nurse clinician	2 years	Completion of a general nursing program
Liberia	Nurse anesthetist	No data	No data
	Licensed practical nurse	No data	Completion of prescribed education and training from accredited institution
	Ophthalmic nurse	No data	Must be an RN
Madagascar	Nurse specialist	2 years	Applicants must hold a bachelor's degree in secondary education and the state diploma of nurse or midwife or other recognized equivalent diploma and have at least 3 years of professional experience. For those in public service, at least 4 years of effective service in the public sector as a nurse/midwife.
Mauritius	Registered mental health nurse	5 years	High school certificate with one science subject
Mozambique	Nurse specialist	No data	Must be an RN
Rwanda	Registered mental health nurse	3–4 years	High school education with successful completion of biology, chemistry, physics, and mathematics
South Africa	Nurse specialist	1 year	Must be an RN with at least 2 years of experience in the area of specialty

TABLE C2 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Tunisia	Psychiatric nurse	The general nursing diploma program is 3 years; additional training for psychiatric concentration may be required.	Tunisian nationals must be aged ≥ 17 years; be up to date on their vaccinations; and pass an entrance examination. Foreign applicants are subject to selection examinations and must present a photocopy of their nursing diploma and a record of their nursing program of studies and course hours and evaluations.
	Nurse anesthetist	The general nursing diploma program is 3 years; additional training for anesthetist concentration may be required.	See Tunisian requirements previously listed
	Public health nurse	3 years	See Tunisian requirements previously listed
Zimbabwe	Post-basic nurse	6 months–1 year	Must be an RGN

Note. RCN = registered certified nurse; RGN = registered general nurse; RMN = registered midwife-nurse; RM = registered midwife; RN = registered nurse.

TABLE C3

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Midwives in Africa

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Benin	Midwife	No data	No data
Botswana	Registered midwife	2 years	Diploma in nursing
Burkina Faso	Midwife	3 years	Successful completion of Grade 12
Burundi	Midwife	3 years	Grade 12 education
Cameroon	Qualified wise woman	3 years	Age of 18–30 years on January 1 of the current year; complete entrance examination to schools approved by the Ministry of Public Health; and hold a bachelor's degree in nursing or equivalent
Central African Republic	Midwife	No data	Minimum Grade 12 education (high school)
Comoros	Midwife	3 years	Minimum high school education to begin training
Congo, Democratic Republic of	Nurse midwife	3 years	Minimum of Grade 12 education before beginning training
	Wise woman	3 years	Minimum of Grade 12 education to begin training
Congo, Democratic Republic of	Midwife	3 years	Minimum of high school education in order to begin midwife training/education
Côte d'Ivoire	Midwife	3 years	Completion of Grade 12
Djibouti	Midwife	3 years	Completion of secondary school
Egypt	Midwife	No data	No data
Eritrea	Midwife	No data	No data
	Nurse-midwife	No data	No data
Ethiopia	Midwife	3–4 years	Completion of Grade 12 and satisfaction of minimum requirements or directives of the Ministry of Education
	Midwife	3 years	Completion of Grade 12
Gabon	Midwife	3 years	Completion of Grade 12
	Nurse-midwife	No data	Completion of Grade 12
Gambia	Registered midwife	1.5 years	Applicant must be an RN with 2 years' work experience and must have attained the West African Senior Secondary School Certificate of Education, including 4 credits of English, science, and two other academic subjects.
	Nurse midwife	No data	No data
Ghana	Registered midwife	3 years	Age limit is 18–35 years. Depending on program: Overall aggregate score of 30 or better in six subjects comprising three core and three electives, or overall aggregate score of 24 or better in six subjects comprising three core and three electives.
Guinea	Midwife	3 years	Minimum Grade 12 education (high school)
Lesotho	Midwife	1 year	General nursing is a prerequisite to midwifery. Licensure, credentialing, and registration are required.

TABLE C3 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Liberia	Registered midwife	3 years	Minimum high school education (Grade 12)
	Registered nurse-midwife	3 years	Minimum high school education (Grade 12)
	Certified midwife	3 years	Minimum high school education (Grade 12)
	Trained traditional midwife	Has completed training at the community level	No data
Mali	Midwife	3 years	Completion of Grade 12 education
Mauritania	Midwife	3 years	Completion of Grade 12 education (high school)
Mauritius	Midwife	2 years	Completion of Grade 10 education
Morocco	Midwife	3 years	Completion of Grade 12 education (high school)
Mozambique	Midwife	4 years	Completion of Grade 12 education (high school)
Namibia	Registered midwife	1 year	Must be an RN and must have completed a general nursing program
	Enrolled midwife	No data	No data
Niger	General midwife	3 years	Completion of Grade 12th education
Nigeria	Midwife	No data	Age of 18–35 years and maintain five O Level credit passes in mathematics, English, physics, chemistry, and biology. Any student with foreign examination board result(s) is expected to submit an evaluation report or equivalent grading from the Federal Ministry of Education along with the result.
Rwanda	Registered midwife	3–4.5 years	High school education with successful completion of biology, chemistry, physics, and mathematics
Tunisia	Wise woman/midwife	No data	Tunisian nationals must be aged ≥ 17 years; be up to date on their vaccinations; and pass an entrance examination. Foreign applicants are subject to selection examinations and must present a photocopy of their nursing diploma and a record of their nursing program of studies and course hours and evaluations.
Zambia	Registered midwife	1 year	Candidate must possess the former Standard VI Certificate or a Form II Certificate; attain the age of 17 years; and pass a medical examination
	Enrolled midwife	No data	See Zambia requirements previously listed

Note. O Level = ordinary level; RN = registered nurse.

TABLE C4

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Assistant and Auxiliary Nurses in Africa

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Burundi	Auxiliary nurse	2–4 years	No data
		Technical school (nursing): 2 years Technical school (university access nursing): 3–4 years	
Cape Verde	Nurse assistant	3–4 years	No data
Cameroon	Medical technician	3 years	Bachelor's degree or certificate equivalent except in religion; external candidates (aged up to 25 years on the year of the competition); and complete entrance examination to schools approved by the Ministry of Public Health
Comoros	Auxiliary midwife	No data	Minimum high school education
Congo, Democratic Republic of	Auxiliary midwife	No data	Minimum high school education
Djibouti	Assistant nurse	2 years	Completion of secondary school
	Assistant midwife	2 years	Completion of secondary school

TABLE C4 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Ethiopia	Healthcare giver	A total duration of 800 hours, of which 531 hours are in school practice and cooperative training	Successfully complete at least Grade 10 general education and possess the minimum requirements or directives of the Ministry of Education.
	Nursing assistant	A total of 1,550 hours in theory and practice or cooperative training; 320 hours of internship are dedicated to related nursing assistant practice	Successfully complete Grade 10 general education and possess the minimum requirements or directives of the Ministry of Education.
Ghana	Nursing assistant	2 years	Age of 18–35 years. Depending on institution, overall aggregate: score of 48 or better in six subjects, comprising three core and three electives, or a cut off score of 30 or better in six subjects comprising three core and three electives.
Malawi	Community midwife assistant	1.5 years	O Level
	Community health nurse technician	1 year	O Level with three credits in science subjects
	Psychiatric nurse technician	1 year	O Level with three credits in science subjects
Mauritius	Assistant nurse	2 years	No data
Niger	Nursing assistant	2 years	Completion of at least 6 years of school
South Africa	Auxiliary nurse	1 year	No data
Togo	State auxiliary nurse	3 years	No data
Tunisia	Nurse aid	No data	Tunisian nationals must be aged ≥ 17 years; be up to date on their vaccinations; and pass an entrance examination. Foreign applicants are subject to selection examinations and must present a photocopy of their nursing diploma and a record of the program of studies followed specifying the number of course hours per subject per year of training and evaluations.

The Americas

TABLE C5

Duration of Nursing Program and Requirements for Entry—General Nurses in Canada

Province/Territory	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Alberta	RN	4 years	12 years of primary and secondary education; minimum secondary GPA and subject completion requirements; criminal record check
	LPN	2 years	Completion of secondary education
British Columbia	RN	4 years	No data
	LPN	No data	No data
Manitoba	RN	3 years	High school diploma and satisfactory completion of a criminal record check in addition to an adult and child abuse registry checks
	LPN	2 years	High school diploma and additional requirements that vary by school, such as up-to-date immunizations, other necessary certifications, and passing a criminal record and child abuse registry checks
New Brunswick	RN	Bachelor's program in nursing or a 2-year program in nursing and a minimum of 1,125 hours of practice in preceding 5 years	Prerequisites that provide a reasonable assurance of success in the program and the requisite skills and abilities needed to achieve entry-level competencies
	LPN	2 years	High school diploma
Newfoundland and Labrador	RN	4 years	No data
	LPN	16 months	High school diploma

TABLE C5 (continued)

Province/Territory	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Nova Scotia	RN	3–4 years	Grade 12 education with strong science grades
	LPN	2 years	Completion of Grade 12 education, including English, mathematics, and two sciences, as well as a criminal record check, immunizations, and cardiopulmonary resuscitation and first aid certificates
Northwest Territories and Nunavut	RN	4 years	Completion of Grade 12 education, including English at Grade 12, mathematics at Grade 11, and two Sciences at a Grade 11 and 12, as well as a criminal record check
	LPN	2 years	Completion of Grade 12 education, including English and science at Grade 12 level, and a criminal record check
Ontario	RN	4 years	12 years of primary and secondary education and a criminal background check
	Registered practical nurse	2 years	2-year diploma from community college and criminal background check
Prince Edward Island	RN	No data	No data
	LPN	2 years	No data
Quebec	RN	3 years	No data
Saskatchewan	RN	4 years	Completion of Grade 12 education
	RN (additional authorized practice)	No data	Completion of an RN program
	LPN	No data	No data
Yukon	RN	No data	No data

Note. GPA = grade point average; LPN = licensed practical nurse; RN = registered nurse.

TABLE C6

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Specialty Nurses in Canada

Province/Territory	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Alberta	Nurse practitioner	2 years	Bachelor's degree in nursing; criminal record check; 4,500 hours of RN practice
	Psychiatric nurse	2.5 years	High school diploma; criminal record check; adult abuse registry check; and child abuse registry check
British Columbia	Nurse practitioner	2 years	Must complete an RN program
	Registered psychiatric nurse	No data	No data
Manitoba	Nurse practitioner	2 years	Bachelor's degree in nursing and registration or eligibility for registration as an RN
	Registered psychiatric nurse	4 years	High school diploma and satisfactory completion of a criminal records check in addition to an adult and child abuse registry checks
New Brunswick	Nurse practitioner	2 years	Bachelor's degree in nursing and registration or eligibility for registration as an RN
	Registered psychiatric nurse	4 years	High school diploma, criminal record check, and adult and child abuse registry checks
	Public health nurse	Bachelor's program in nursing, or a 2-year program in nursing, and a minimum of 1,125 hours of practice in preceding 5 years	Prerequisites that provide a reasonable assurance of success in the program and the requisite skills and abilities needed to achieve entry-level competencies
	Clinical nurse specialist	No data	Bachelor's degree in nursing, RN eligibility
	Community health nurse	Bachelor's program in nursing, or 2-year program in nursing, and minimum 1,125 hours of practice in preceding 5 years	Prerequisites that provide a reasonable assurance of success in the program and the requisite skills and abilities needed to achieve entry-level competencies

TABLE C6 (continued)

Province/Territory	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
New Brunswick (continued)	Private duty nurse	Bachelor's program in nursing, or 2-year program in nursing, and a minimum of 1,125 hours of practice in preceding 5 years	Prerequisites that provide a reasonable assurance of success in the program, and the requisite skills and abilities needed to achieve entry-level competencies
Nova Scotia	Nurse practitioner	2 years	An RN license and a BScN
Northwest Territories and Nunavut	Nurse practitioner	2 years	Completion of a 4-year undergraduate nursing program
Ontario	Nurse practitioner	1.5–2 years	Must hold a BScN in addition to nurse practitioner diploma or master's degree; criminal background check/history in other jurisdictions
Saskatchewan	Nurse practitioner	No data	Must be an active RN with set hours
	Registered psychiatric nurse	3 years	Completion of Grade 12 education
Yukon	Nurse practitioner	No data	No data

Note. BScN = bachelor of science degree in nursing; RN = registered nurse.

TABLE C7

Types of Nurses and Nursing Program Requirements for Entry—Caribbean Community Members

Member State	Nurse Type	Requirements for Entry Into Program
Bahamas	RN	Entry into the nursing program is competitive. Nursing student applicant must be a minimum age of 17 years with satisfaction of education requirements as required by the Council.
	Clinical nurse	Entry into the nursing program is competitive. Nursing student applicant must be a minimum age of 17 years with satisfaction of education requirements as required by the Council.
Bahamas (continued)	Midwife	Entry into the nursing program is competitive. Nursing student applicant must be a minimum age of 20 years with satisfaction of education requirements as required by the Council.
Barbados	Midwife	Associate degree in general nursing or equivalent, along with RN certification
	Psychiatric nurse	Associate degree in general nursing or equivalent, along with RN certification
	Nurse	Five passes inclusive of English language and biology at general proficiency level at Grade 1, 2, or 3 (from June 1998 only); five passes inclusive of English language and biology O Level at Grades A, B or C; or any qualification considered to be equivalent to the above mentioned.
	Auxiliary nurse	Must be at least age 17 years
Dominica	RN	Four GCE or CXC subjects—English and mathematics compulsory
	Nurse anesthetist	Post-RN training as nurse anesthetist
	Nurse assistant	Two GCE or CXC subjects
	Family nurse practitioner	Post-RN training as nurse practitioner
	Primary care nurse	Two GCE or CXC subjects
Granada	Mental health nurse	Two GCE or CXC subjects
	RN	GCE or CXC subjects, which must include mathematics, English language, and a science subject
	Midwife	Must be an RN before commencing training in midwifery
	Family nurse practitioner	Advanced education and training
	Community health nurse	Training in community nursing
Haiti	District nurse	Must be an RN/midwife with at least 2 years working in a hospital setting
	Pediatric nurse	Specialist training for pediatric nurses is open to licensed nurses working in pediatrics. This training requires entrance exam, curriculum vitae, letter of motivation, diploma and the state license, reference letter from the supervisor, written test, and interview/ oral argumentation with candidate
Jamaica	Registered general nurse	General proficiency – Grades I, II, III; O Level – Grades A, B or C; CAPE (see below for CAPE subjects) – Grades 1–4 Applicant shall have studied three compulsory subjects: English language or communications studies; science (biology or human and social biology); mathematics, pure mathematics, or applied mathematics; and two other subjects from the approved subjects list

TABLE C7 (continued)

Member State	Nurse Type	Requirements for Entry Into Program
Jamaica (continued)	Registered midwife	Hold an RN license, or: General proficiency – Grades I, II, III; O Level – Grades A, B or C; CAPE (see below for CAPE subjects) – Grades 1–4 Applicant shall have studied three compulsory subjects: English language or communications studies; science (biology or human and social biology); mathematics, pure mathematics, or applied mathematics; and two other subjects from the approved subjects list
	Enrolled assistant nurse	General proficiency – Grades I, II, III; O Level – Grades A, B or C; CAPE (see below for CAPE subjects) – Grades 1–4 Applicant shall have studied three compulsory subjects: English language or communications studies; science (biology or human and social biology); mathematics, pure mathematics, or applied mathematics; and two other subjects from the approved subjects list
Montserrat	RN	Must be at least age 18 years and have passed at least 2 subjects at the O Level or an equivalent level, including either English or Natural Science
	Registered midwife	Must be age 17 years or have the permission of the board to enter and have a Grade B Seventh Standard Leaving Certificate or its equivalent
	Enrolled nursing assistant	Must be age 17 years or have the permission of the board to enter and have a Grade B Seventh Standard Leaving Certificate or its equivalent
Saint Lucia	Nurse	GCE and CXC qualifications (including either graduation from high school or associate degree program); passing in 5 main subjects; an interview; and English and mathematics entrance examination. All student nurses are also required to complete a 2–3 month preliminary training program.
Saint Vincent and the Grenadines	Midwife	Be an RN
Trinidad and Tobago	Midwife	Must complete a course of training in a recognized place of training or approved by the Accreditation Council under the Accreditation Council of Trinidad and Tobago Act and pass the examination prescribed by the Council or any other nursing examining body recognized by the Council, and who establishes to the Council's satisfaction that he or she is a fit and proper person to be entered on the register as a midwife, shall, on making an application to the Council and upon compliance with the requirements of this Act, be entitled to be registered. A person may be admitted to an approved school of midwifery as a pupil-midwife if the applicant is registered as a nurse in the Register of Nurses and has passed at least five subjects at O Level of the GCE, two of the subjects being English language and a subject that shows proficiency in mathematics. A person shall not be eligible for training as a pupil-midwife if younger than 21 years or, except at the discretion of the Council, if older than 50 years.
	Nurse	A person must complete a training course in a recognized place of training under the Nursing Personnel Act or under which has been approved by the Council under the Accreditation Council of Trinidad and Tobago Act and passed the examination prescribed by the Council or any other nursing examining body recognized by the Council; and who establishes to the Council's satisfaction that he or she is a fit and proper person to be entered on the Register as a nurse. A person may be admitted to an approved school of nursing as a student nurse if (a) applicant is younger than 17 years and not older than 45 years; (b) applicant has passed at least five subjects at O Level of the GCE, two of the subjects being English language and a subject that shows proficiency in mathematics
Trinidad and Tobago (continued)	Nurse assistant	The Council may, in its discretion, authorize the entry on the Roll of Nursing Assistants of the name of any person who has completed a course of training approved by the Council and who has passed the examinations prescribed by the Council and who has otherwise complied with the requirements of the Nursing Personnel Act. A person must also be of good character; not younger than 18 years and not older than 45 years; and have attained 3 O Level passes with English.

Note. CXC = Caribbean Examinations Council; GCE = General Certificate of Education; O Level = ordinary level; RN = registered nurse.

TABLE C8

Types of Nurses and Duration of Nursing Program and Nursing Program Requirements by Nurse Type—Caribbean Community Associate Members

Associate Member State	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
British Virgin Islands	Nurse practitioner	No data	Holds an RN license
Anguilla	Advanced practice nurse	Additional training following a bachelor's program in nursing	Bachelor's degree in nursing
	RN	Bachelor's program in nursing	Completion of secondary school
Bermuda	Advanced practice nurse		Minimum graduate level
	RN	3 years	College level entry requirement
Cayman Islands	RN	4 years	High school transcript, certified copy of external examination grades (or if older than 21 years and without academic qualifications, must have work experience), and \$25 application fee. In lieu of grades, a letter from an employer that states the number of years of employment and clearly indicates its relation to the intended field of study may be submitted.
Turks and Caicos Islands	RN	4 years	Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
Turks and Caicos Islands (continued)	Nurse practitioner		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Midwife		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Registered nursing assistant		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Nurse anesthetist		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Licensed practical nurse		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Public health nurse		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Mental health nurse		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements
	Clinical nurse		Minimum admission requirements developed and published by the nursing school, per CARICOM requirements

Note. CARICOM = Caribbean Community; RN = registered nurse.

TABLE C9

Types of Nurses and Duration of Nursing Program and Requirements for Entry by Nurse Type—Caribbean Community Nonmembers

Caribbean Nation	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Aruba	Midwife	At least 2 years	No data
	Nurse	3 years	High school diploma or equivalent; test of English as foreign language
Cuba	Bachelor of science in nursing nurse	5 years	No data
	Specialist nurse	No data	Nursing graduate
	Doctorate of nursing	3–5 years	Nursing graduate
Martinique	Midwife	5 years	Accessible after the bachelor's degree; the first year is done at the university. Admission to a hospital school or to a university structure dedicated to midwifery training depends on the rank of the first-year examinations.

TABLE C9 (continued)

Caribbean Nation	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Martinique (continued)	Nurse anesthetist	2 years of specialized training following nurse certification	Must be a state-certified nurse for 2 years, followed by 2 years of training
	Nurse	3 years	No data
	Operating room nurse	Initial nursing certification program followed by 1.5 years of specialized training	Must first be a state-certified nurse for 2 years, then 1.5 years of specialized training

TABLE C10

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Central America

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Costa Rica	Auxiliary nurse	No data	No data
	Specialist nurse	No data	No data
	Nurse	No data	No data
El Salvador	Bachelor of nursing	5 years	12 years of education
El Salvador (continued)	Technologist	4 years	12 years of education
	Nurse assistant	1 year	12 years of education
	Technicians	2 years	12 years of education
Guatemala	Professional nurse	No data	No data
	Auxiliary nurse	No data	No data
	Nursing assistant	No data	No data
	Community nursing assistant	No data	No data
	Nursing technician	No data	No data
	Bachelor of nursing	No data	No data
	Master's in nursing	No data	Completion of a bachelor of nursing degree
Honduras	PhD nurse	No data	Completion of a master's in nursing degree
	Nurse	5 years	Intermediate education
Nicaragua	Master's nurse	2 years	Licensed in nursing
	Registered nurse	3 years	Diploma of completion from primary school, and any other requirements the board of nursing school sees fit
	Midwife	No data	No data

TABLE C11

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Mexico

Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Auxiliary nurse	1.5 years	High school
Doctoral nurse	2–3 years	Previous study in nursing and master's degree
General nurse/ nurse technician	3 years and 1 year of social service	High school
Licensed nurse	4 years and 1 year of social service	High school
Master's nurse	2–3 years	Previous study of nursing degree (license)
Postgraduate nurse	2–4 years	Bachelor's degree in nursing
Specialist nurse	2 years	Bachelor's degree in nursing

TABLE C12

Types of Nurses and Duration of Nursing Program and Requirements for Entry—General Nurses in South America

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Argentina	Nurse	3 years	No data
Bolivia	Nurse	8 semesters	Candidate should be aged 16–20 years, be single, and have completed at least the third high school year.

TABLE C12 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Bolivia (continued)	Graduate nurse	8 semesters	Candidate should be aged 16–20 years, be single, and have completed at least the third high school year.
	General nurse	6 semesters	Candidate should be aged 16–20 years, be single, and have completed at least the third high school year.
Chile	Nurse	Varies by region/municipality, but duration is 5 years on average for most nurse training programs	No data
Colombia	Undergraduate nurse/RN	No data	No data
Ecuador	Nurse	Bachelor's degree, or graduate degree in nursing	No data
Paraguay	Nurse	Bachelor's degree in nursing	No data
Peru	General nurse	University degree program in nursing	Minimum of high school education (Grade 12)
Uruguay	RN	Bachelor's degree program in nursing	An entrance examination is required. Additionally, candidates should be morally, mentally, and physically sound for practice.
Venezuela	RN	Bachelor's program in nursing	No data

Note. RN = registered nurse.

TABLE C13

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Midwives in South America

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Chile	Midwife	No data	No data
Ecuador	Midwife	No data	No data
	Ancestral midwife	Midwife training in addition to "community empowerment" training	Be a recognized midwife in the community with more than 10 years of experience as a midwife, or a certified midwife who desires to train to be an ancestral midwife
Peru	Midwife	Up to 5 years	Minimum of high school education (Grade 12)
Uruguay	Midwife	No data	Formal educational training as a nurse

TABLE C14

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Specialist Nurses in South America

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Argentina	Licensed nurse	5 years	Hold the title of university nurse
Chile	Master's in nursing	No data	No data
	Doctoral nurse	No data	No data
Colombia	Master's in nursing	No data	No data
	Specialized nurse	No data	No data
	Doctorate in nursing	No data	No data
	Postdoctorate in nursing	No data	No data
Ecuador	Advanced practice nurse	Graduate nursing education after receiving bachelor's nurse training	Be a certified nurse
Peru	Nurse specialist	Additional studies beyond nursing studies is required.	Nursing license

TABLE C15

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Assistant Nurses in South America

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Bolivia	Nursing assistant	.5 years	Candidate should be aged 16–20 years, be single, and have completed at least the third high school year.
Chile	Nursing assistant	No data	No data
Colombia	Auxiliary nurse	No data	No data
Paraguay	Nursing assistant	No data	No data
	Nursing technician	No data	No data
Peru	Nurse assistant	No data	No data
Uruguay	Nursing assistant	2,400 hours	Successful completion of first year of high school

TABLE C16

Requirements for Entry Into Nursing Programs by Brazilian State

Brazilian State	Nurse Type	Requirements for Entry Into Program
Acre	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, document proving age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Auxiliary nurse Nurse technician	Certificate of completion of primary course, official or recognized, certificate of civil registration, document proving age requirement (16–38 years) is met, attestations of physical and mental health and vaccination, and attestation of moral suitability, certificate of approval in the examination of admission to the first junior year in official or recognized course, certificate of approval in the entrance examination.
	Obstetric Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, document proving age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
Alagoas	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, a document proving age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, document proving age requirement (16–38 years) is met, attestations of physical and mental health, vaccination, and moral suitability
	Nursing assistant/ auxiliary nurse	Certificate of completion of primary course, official or recognized, certificate of civil registration, document proving age requirement (16–38 years) is met, attestations of physical and mental health and vaccination, attestation of moral suitability, certificate of approval in the examination of admission to the first junior year in official or recognized course, and certificate of approval in the entrance examination
Amapa	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nurse technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, document proving age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Nurse assistant	Certificate of completion of primary course, official or recognized, certificate of civil registration, document proving age requirement (16–38 years) is met.
Amazonas	Nurse technician	Certificate of completion of primary course, official or recognized, certificate of civil registration, document proving age requirement (16–38 years) is met.

TABLE C16 (continued)

Brazilian State	Nurse Type	Requirements for Entry Into Program
Bahia	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
Bahia (continued)	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nurse technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Ceara	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year, in official or recognized course; (c) certificate of approval in the entrance examination.
	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Distrito Federal	Nursing assistant Nurse technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination
	Nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration; document proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability
Espirito Santo	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Goiás	Nursing assistant	Certificate of completion of primary course, official or recognized; certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination
	Nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability
	Nurse technician	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability

TABLE C16 (continued)

Brazilian State	Nurse Type	Requirements for Entry Into Program
Maranhao	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination
Maranhao (continued)	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Mato Grosso do Sul	Nursing assistant Nursing technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Complete entrance examination; submit certificate of completion of secondary course; submit certificate of civil registration proving the age requirement (16–38 years) is met; and submit attestations of physical and mental health, vaccination, and moral suitability
	Midwife	Completion of Grade 12
Minas Gerais	Nursing assistant	Certificate of completion of the primary course, official or recognized; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
	Nurse	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; and certificate of completion of the secondary course
	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
Para	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
	Nursing assistant	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
Paraiba	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability.
	Nurse technician	Certificate of completion of primary course, official or recognized; certificate of civil registration, proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
	Nursing assistant	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination

TABLE C16 (continued)

Brazilian State	Nurse Type	Requirements for Entry Into Program
Parana	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Pernambuco	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Nurse technician Nurse assistant	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
Piaui	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For the enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
Piaui (continued)	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability
Rio de Janeiro	Definitive nursing assistant	Certificate of civil registration proving age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; entrance examination. Applicants will be selected by selection process by the Ministry of Health. Submit one of the following: certificate of completion of the primary course, official or recognized; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination.
	Definitive nurse	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of completion of junior high school; certificate of completion of the secondary course; certificate of the commercial course; diploma or certificate of normal course; entrance examination. Applicants will be selected by selection process by the Ministry of Health.
Rio Grande do Norte	Nursing assistant Nursing technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination.
	Nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving the age requirement (16–38 years) is met; and attestations of physical and mental health, vaccination, and moral suitability

TABLE C16 (continued)

Brazilian State	Nurse Type	Requirements for Entry Into Program
Rio Grande do Sul	Nursing assistant	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; entrance examination. Applicants will be selected by selection process by the Ministry of Health. Applicants will submit one of the following: certificate of completion of the primary course, official or recognized; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination.
	Nurse	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of completion of junior high school; certificate of completion of the secondary course; certificate of the commercial course; diploma or certificate of normal course; entrance examination. Applicants will be selected by selection process by the Ministry of Health.
Rondonia	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For the enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year in official or recognized course; (c) certificate of approval in the entrance examination.
	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Roraiima	Nursing assistant Nurse technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; certificate of approval in the entrance examination
	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration, proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Nursing assistant	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. For enrollment in the nursing assistant course, one of the following tests shall be required: (a) certificate of completion of the primary course, official or recognized; (b) certificate of approval in the examination of admission to the first junior year, in official or recognized course; (c) certificate of approval in the entrance examination.
Santa Catarina	Nurse	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability. To enroll in the nursing course, completion of secondary courses is required, and applicants must present one of the following: (a) certificate of completion of junior high school; (b) certificate of the business course; or (c) diploma or certificate of normal course.
	Nursing technician	Applicants must be aged 16–38 years and provide attestations of physical and mental health, vaccination, and moral suitability.
Sao Paulo	Nurse	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of completion of junior high school; certificate of completion of the secondary course is required; certificate of the commercial course; diploma or certificate of normal course; and satisfactory entrance examination. Applicants will be selected by selection process by the Ministry of Health.

TABLE C16 (continued)

Brazilian State	Nurse Type	Requirements for Entry Into Program
Sao Paulo (continued)	Nurse assistant	Certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccinations, and moral suitability; satisfactory entrance examination. Applicants will be selected by selection process by the Ministry of Health. Submit one of the following: certificate of completion of the primary course, official or recognized; certificate of approval in the examination of admission to the first junior year in official or recognized course; or certificate of approval in the entrance examination.
Sergipe	Nursing assistant Nursing technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year in official or recognized course; and certificate of approval in the entrance examination
	Nurse	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and attestation of moral suitability; certificate of approval in the examination of admission to the first junior year, in official or recognized course; and certificate of approval in the entrance examination
	Mental health nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccinations, and moral suitability.
	Obstetric nurse	Entrance examination; certificate of completion of secondary course; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability.
Tocantins	Nursing assistant Nurse technician	Certificate of completion of primary course, official or recognized; certificate of civil registration proving the age requirement (16–38 years) is met; attestations of physical and mental health, vaccination, and moral suitability; certificate of approval in the examination of admission to the first junior year; and a certificate of approval in the entrance examination.
	Nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability
	Obstetric nurse	Entrance examination, certificate of completion of secondary course, certificate of civil registration proving the age requirement (16–38 years) is met, and attestations of physical and mental health, vaccination, and moral suitability.

TABLE C17

Types of Nurses and Duration of Nursing Education by Nurse Type in the United States

Type of Nurse	Duration of Education
Licensed practical nurse/licensed vocational nurse	Approximately 1 year of vocational program or community college
Registered nurse	2–4 years of education depending on the program. Programs vary from community-type college programs (associate degree, approximately 2 years in length); hospital-based programs (diploma, 3 years in length); college or university programs (bachelor's degree, 4 years in length).
Certified nurse practitioner	2–4 years beyond the bachelor's degree in nursing
Clinical nurse specialist	2–4 years beyond the bachelor's degree in nursing
Certified nurse anesthetist	2–4 years beyond the bachelor's degree in nursing
Certified nurse midwife	2–4 years beyond the bachelor's degree in nursing

TABLE C18

Types of Nurses and Duration of Nursing Program and Requirements for Entry by Nurse Type—China and East Asia

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
China	Associate nurse	3 years	Not available
	Bachelor of nursing	Not available	4 Years
	Doctoral nurse	3 years	Not available
	Master's nurse	2–3 years	Not available
	Midwife	3 years	Completion of primary and secondary education
	Nurse	3 years	Completion of primary and secondary education
Hong Kong	Technical nurse	3 years	Not available
	Children's nurse	3 years	Age 18 years or older and either a Hong Kong School Certificate or equivalent or satisfactory knowledge, professional experience, or skills
	Enrolled nurse	2 years	Age 18 years or older and possible educational qualifications, if specified
	Psychiatric nurse	2 years	Age 18 years or older and possible educational qualifications, if specified
	Registered nurse	3 years	Age 18 years or older and either a Hong Kong School Certificate or equivalent or satisfactory knowledge, professional experience, or skills
	Registered mental health nurse	3 years	Age 18 years or older and either a Hong Kong School Certificate or equivalent or satisfactory knowledge, professional experience, or skills
Macao (Macau)	Registered psychiatric nurse	3 years	Age 18 years or older and either a Hong Kong School Certificate or equivalent or satisfactory knowledge, professional experience, or skills
	Grade I nurse	Not available	An applicant must pass an entrance examination.
	Nurse graduate	Not available	An applicant must be a Grade I nurse with 3–4 years of experience or the equivalent and sufficiently pass a performance evaluation.
	Nurse specialist	Not available	An applicant must have a degree in nursing; have at least 3 years of nursing practice in a hospital or health center; and sufficiently pass a performance evaluation.
	Graduate nurse specialist	Not available	An applicant must be a specialist nurse with at least 3–4 years of experience or the equivalent and satisfy a performance evaluation.
	Head nurse	Not available	An applicant must be a graduate nurse specialist or nurse specialist with at least 3–4 years of related nursing experience and must satisfy a performance evaluation and public discussion of the curriculum.
Japan	Nurse supervisor	Not available	An applicant must be a head nurse with at least 3–4 years of related nursing experience and must satisfy a performance evaluation and public discussion of the curriculum.
	Nurse specialist	Not available	An applicant must have a degree in nursing; have at least 3 years of nursing practice in a hospital or health center; and sufficiently pass a performance evaluation.
Mongolia	Graduate nurse specialist	Not available	An applicant must be a specialist nurse with at least 3–4 years of experience or the equivalent and must satisfy a performance evaluation.
	Head nurse	Not available	An applicant must be a graduate nurse specialist or nurse specialist with at least 3–4 years of related nursing experience and must satisfy a performance evaluation and public discussion of the curriculum.
	Nurse supervisor	Not available	An applicant must be a head nurse with at least 3–4 years of related nursing experience and must satisfy a performance evaluation and public discussion of the curriculum.
	Master's nurse	2 years	Bachelor's degree
North Korea	PhD nurse	3 years	Master's degree
	Not available	Not available	Not available
South Korea	Assistant nurse	Not available	Completion of special secondary or high school education program, or other program providing accredited nursing assistant education
	Midwife	1 year	Completion of all curricula equivalent to elementary and secondary schools
	Nurse	3–4 years	Completion of all curricula equivalent to elementary and secondary schools
	Specialist nurse	Not available	Not available
Taiwan	Nurse practitioner	6 months to 1 year	Not available
	Professional registered nurse	4–5 years	Not available
	Registered nurse	3 years	Not available

TABLE C19

Duration of Nursing Program and Requirements for Entry by Nurse Type—Central Asia

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Afghanistan	RN	No data	No data
Bangladesh	RN (6 types)	Diploma program: 3 years Graduate/bachelor's program: 4 years Postgraduate program: 2 years	Grade 12 education
Bhutan	Bachelor of nursing	4 years or 1-year duration after completion and experience as GNM program	Depending on the program, applicant must pass Grade 12 with science (physics, chemistry and biology) and/or completed GNM diploma program
	Staff nurse	3 years	Completion of Grade 12
Kazakhstan	Nurse	3 years	9–11 years of secondary education
	Bachelor's degree nurse/bachelor's nurse	4 years	11 years of secondary education
Kyrgyzstan	Nurse/general nurse	Bachelor's program in nursing	No data
Nepal	Nurse	3–4 years depending on program	Completion of Grade 10
Pakistan	Nurse/RN	1–4 years depending on program Diploma program: 3 years Generic BSN: 4 years Post-RN BSN: 2 years Fast track post-RN BSN: 1 year	Regarding the diploma program: Age limit of 15–30 years old, and completion of premedical science with a minimum of 50% marks in physics, chemistry, and biology as compulsory subjects; or matric (science) with a minimum of 55% marks in physics, chemistry, and biology as compulsory subjects Generic BSN: Age limit of 17–25 years, and premedical science with a minimum of 50% marks in physics, chemistry, and biology as compulsory subjects Post-RN BSN: 2 years' clinical experience with valid Pakistan Nursing Council registration; matric with science as Higher Education Commission requirements such as physics, chemistry, and biology as compulsory subjects FastTrack Post-RN BSN: 5 years' clinical experience with valid Pakistan Nursing Council registration; matric with science as Higher Education Commission requirements
Sri Lanka	RN	2–4 years (depending on if applicant already completed general nursing diploma program)	Completion of high school or work experience as a general nurse (depending on program)
	General nurse	3 years	13 years of formal education

Note. BSN = bachelor of science in nursing; GNM = general nurse midwife; RN = registered nurse.

TABLE C20

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Indian States and Territories

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Andaman and Nicobar Islands	(See Tamil Nadu)	(See Tamil Nadu)	(See Tamil Nadu)
Andhra Pradesh	RN	3 years, but 4 years if bachelor's program in nursing	10 + 2 pass from any recognized board with 40% marks; age 17–35 years by December 31; and candidates from state open school recognized by a state government/National Institute of Open School recognized by central government
	Registered midwife	2 years	10 + 2 pass from any recognized board with 40% marks; age 17–35 years by December 31, candidates from state open school recognized by a state government or National Institute of Open School recognized by central government

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Andhra Pradesh (continued)	Bachelor of nursing	4 years	Minimum age of 17 years on December 31; 10+2 class passed with Science (PCB) and English core/English elective with aggregate of 45% marks from recognized board; and medically fit
	Post-basic nurse	2–3 years	Minimum age, 17 years on December 31; 10 + 2 class passed with science and English core/English elective with aggregate of 45% marks from recognized board or other equivalent board; medically fit. Produce evidence of former training approved by Indian Nursing Council for a similar duration in any one of the following areas: occupational therapy techniques; ophthalmic nursing; leprosy nursing; tuberculosis nursing; psychiatric nursing; neurological and neurosurgical nursing; community health nursing; cancer nursing; or orthopedic nursing.
	Master's nurse	2 years	Holds an RN or RM; medically fit; academic pass of 10 + 2 in prior coursework, or 10 + 1 in or before 1986
	ANM	2 years	10 + 2 pass from any recognized board with 40% marks, age 17 years by December 31; candidates from state open school recognized by a state government or National Institute of Open School recognized by central government
	General nurse midwife	3 years	10 + 2 pass from any recognized board with 40% marks; age 17 years by December 31, no older than 35 years; candidates from state open school recognized by a state government or National Institute of Open School recognized by central government
Arunachal Pradesh	Bachelor of science in nursing/basic nurse	4 years	Minimum age, 17 years; 10 + 2 pass in science and English core; 10 + 2 pass; and medically fit
	Health visitor	No data	No data
	ANM	2 years	Minimum age, 17 years; 10 + 2 pass preferably with science; 10 + 2 pass English; 10 + 2 pass; medically fit
	General nurse midwife	3.5 years	Minimum age, 17 years, and maximum age, 35 years; 10 + 2 pass preferably with science, English aggregate; or 10 + 2 in vocational ANM (or equivalent); or registered ANM; and medically fit
Assam	Registered general nurse	No data	No data
	Registered general nurse midwife	No data	No data
	ANM	No data	No data
Bihar	Bachelor of nursing/ bachelor's nurse/ basic nurse	4 years	Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit; and academic pass of 10 + 2 in previous coursework
	Post-basic nurse	2–3 years	Medically fit; holds RN license, or RM license; academic pass of 10 + 2 or equivalent in previous coursework. Academic pass of 10 + 1 in or before 1986 in previous coursework will be accepted; has passed the Higher Secondary or Senior Secondary or Intermediate or 10 + 2 or an equivalent examination recognized by the university for this purpose, and those who have done 10 + 1 in or before 1986 will be eligible for admission.
	Master's nurse	2 years	RN or RM; passing of bachelor of science in nursing (BScN)/BSc honors in nursing/post-basic BSc nursing with minimum of 55% aggregate marks. Minimum 1 year of work experience after basic BSc nursing; and minimum 1 year of work experience prior or after post-basic BSc nursing
	ANM	2 years	Minimum age, 17 years; registered as ANM with State Nursing Registration Council; medically fit
	General nurse midwife	2.5 years	Minimum age, 17 years, and maximum age, 35 years; registered as ANM with State Nursing Registration Council; medically fit
Chandigarh	(See Punjab)	(See Punjab)	(See Punjab)
Chhattisgarh	Bachelor of nursing	4 years	10 + 2 class pass with 45% aggregate
	Post-basic nurse	2–3 years	10 + 2 and is a general nurse midwife; or 10+2, is a general nurse midwife with 2 years of experience

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Chhattisgarh (continued)	Master's in nursing	2 years	RN and RM of equivalent with any State Nursing Registration Council. Minimum education requirements passing of: BSc nursing (bachelor of science in nursing)/BSc honors in nursing/post-basic BSc nursing with minimum of 55% aggregate marks. Candidate should have received BSc nursing/post-basic BSc nursing in an institution is recognized by Indian Nursing Council. Candidate should have a minimum of 1 year of work experience after basic BSc nursing and minimum of 1 year of work experience prior or after post-basic BSc nursing.
	ANM	2 years	Minimum age of 17 years and education of 10 + 2 class pass
	General nurse midwife	3.5 years	Age of 17-35 years; education of 10 + 2 pass
Dadra and Nagar Haveli	(See Gujarat)	(See Gujarat)	(See Gujarat)
Daman and Diu	(See Gujarat)	(See Gujarat)	(See Gujarat)
Delhi	General nurse midwife	3.5 years	Age of 17-35 years; passing 10 + 2 academics class, with aggregate of 50%; must be medically fit
	Auxiliary nurse	2 years	Passing 10 + 2 eligible academic criteria
	Post-basic nurse	2-3 years	Age of 17-35 years at time of program entry
Goa	Nurse	4 years	To be eligible to apply for a 4-year nurse program, an applicant should be a citizen of India; be at least 17 years of age; have passed in any of the general streams: faculty science, arts and commerce, or vocational; have English as medium means of instruction; have resided in the state of Goa for a minimum of 10 years preceding the year of qualifying examination; have studied and passed XII standard in higher secondary schools of Goa State; and have passed the Higher Secondary School Certificate (10 + 2) Science Examination or its equivalent with a minimum of 50% marks in the aggregate in the subjects of physics, chemistry, biology, and English
	ANM	2 years	For ANM program an applicant should be female; be a citizen of India; be aged 17-35 years; have passed any of the general streams: faculty science, arts and commerce, or vocational; Course Health Care Science recognized by equivalent examination with 45% marks in aggregate; be competent with English; have resided in the state of Goa for a minimum of 10 years preceding the year of qualifying examination; and have studied and passed XII standard in higher secondary schools of Goa State
Gujarat	Midwife	2-3 years	Age, 17-35 years; medically fit. Minimum education: 10 + 2 class passed, preferably science and English with aggregate of 40% marks; 10 + 2 in arts (mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science; 10 + 2 vocational ANM under the board or other equivalent board with 40% marks; registered as ANM with State Nursing Registration Council.
	Nurse	3-4 years	Age, 17-35 years; medically fit. Minimum education: 10 + 2 class passed, preferably science and English with aggregate of 40% marks; 10 + 2 in arts (mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science.
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought. Minimum educational requirements shall be 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science.
Haryana	Bachelor of nursing	4 years	Minimum age, 17 years; education + 2 with science
	Post-basic nurse	2 years	Holds a general nurse midwife license
	Master's in nursing	2 years	Post-basic BSc nursing, BSc nursing (post-basic bachelor of science in nursing; bachelor of science in nursing)
	ANM	2 years	Minimum age, 17 years; education of + 2 prerequisite
	General nurse midwife	3.5	Age, 17-35 years; education + 2 with science

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Himachal Pradesh	Midwife	3.5 years	Medically fit and age 17–35 years
	Nurse	3.5	Age, 17–35 years; must have also attained 10 + 2 in arts and English core/elective or healthcare science and qualified by examination; be registered as an ANM with the state nursing registration council; and be medically fit.
	Master's in nursing	2 years	Must be an RN and RM; minimum passing of bachelor of science in nursing/post-basic bachelor of science in nursing (BSc) with minimum of 55% aggregate marks after completion of designated program; minimum 1 year work experience after BSc nursing; minimum 1 year work experience prior to or after post-basic BSc nursing
	Health visitor	2 years	Not available
	ANM	2 years	Age 17–35 years on or before December 31 of year in which admission is sought; must have also attained and qualified in 10 + 2 in arts and English core/elective, science, or healthcare science educational requirements and corresponding examination; and must be medically fit.
	Basic nurse	4 years	Minimum age of 17 years; 10 + 2 class passed with science and English core/elective with aggregate of 45% marks from recognized board; medically fit; maintain general nursing midwifery degree
	Post-basic nurse	2–3 years	Passing of the higher secondary, senior secondary, intermediate, 10 + 2 or equivalent examination; completion of a general nursing and midwifery program; registration as a RNRN; medically fit
Jammu and Kashmir	RN/nurse	3–4 years	Age, 17–35 years; academic pass of 10 + 2 in prior coursework; medically fit; entrance examination if entering BSc (N) (bachelor of science in nursing) or MSc (N) (master of science) in nursing program.
	Midwife	2–3.5 years	Age, 17–35 years; academic pass of 10 + 2 in prior coursework; medically fit; entrance examination if entering BSc (N) (bachelor of science in nursing) or MSc (N) (master of science) in nursing program.
	Bachelor of nursing/ bachelor's nurse	4 years	Entrance examination; minimum age, 17 years on December 31 of the year in which admission is sought; 10 + 2 class passed with science and English core/English elective with aggregate of 45% marks from recognized board or other equivalent board; medically fit. Students appearing in 10 + 2 examination in Science conducted by National Institute of Open School with 45% marks
	Master's in nursing/ master's nurse	2 years	Entrance examination required; RN or RM; passing education requirements of BSc (N) (bachelor of science in nursing) or MSc (N) (master of science) in nursing program of minimum of 55% aggregate marks; should have BSc nursing / BSc hon. nursing / post-basic BSc nursing. Minimum 1 year of work experience after basic BSc nursing; minimum 1 year of work experience before or after post-basic BSc nursing
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; academic pass of 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science; medically fit. Students qualified in 10 + 2 arts or science examination conducted by National Institute of Open School.
Jharkhand	Bachelor of nursing/ bachelor's nurse	4 years	Minimum age of 17 years; 10 + 2 academic pass; pass Jharkhand Nursing Entrance Competitive Examination; medically fit
	ANM	2 years	Minimum age of 17 years; 10 + 2 academic pass and medically fit
	General nurse midwife	3.5 years	Age of 17–35 years; 10 + 2 academic pass with science; medically fit

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Karnataka	RN	3 years	Age of 17–35 years (women); age 17–30 years (men). Shall have passed the SSLC or equivalent examinations. Candidates who have completed, appeared, and failed the SSLC course also shall be considered subject to the condition of passing an entrance test that will be conducted by the Board of Examiners for Nurses before they are considered for selection. The concession is applicable to those who have put in regular attendance in the last three classes of high school, and appear for SSLC through high school. A school leaving certificate showing general educational qualification and date of birth. Certificate of Indian nationality.
	Registered psychiatric nurse	Minimum 6-month program	Passed 3-year general nursing course
	RM	Minimum of 9 months	Passed 3-year general nursing course
	Health visitor	2 years	Applicant shall have passed the SSLC or equivalent examinations. Candidates who have completed, appeared, and failed the SSLC course also shall be considered subject to the condition of passing an entrance test that will be conducted by the Board of Examiners for Nurses before they are considered for selection. The concession is applicable to those who have put in regular attendance in the last three classes of high school, and appear for SSLC through high school. In the case of male candidates, applicant's age shall not be less than 17 years or more than 30 years. In the case of female candidates, applicant's age shall not be less than 17 years or more than 35 years. Certificate of Indian nationality.
	ANM	2 years	Applicant shall produce documentary evidence to prove that applicant is not younger than 17 years, has passed the first seven classes of schooling, and is physically fit.
Kerala	Midwife	3.5 years	10 + 2 academic pass, based on percentage of marks; medically fit; and aged at least 17 years but no older than 35 years
	Nurse	3.5 years	Must be aged at least 17 years but no older than 35 years; must have also attained 10 + 2 academic pass in arts and English core/elective or healthcare science and qualified by examination; be registered as an ANM with the state nursing registration council; and be medically fit.
	Master's in nursing	2 years	Must be an RN and RM; minimum passing of bachelor of science in nursing (BSc [N] /post-basic BSc nursing with minimum of 55% aggregate marks after completion of designated program; minimum 1 year work experience after basic BSc nursing; minimum 1 year work experience prior or after post-basic BSc nursing
	Health visitor	2 years	No data
	ANM	2 years	Age of 17–35 years on or before December 31 of the year in which admission is sought; must have attained and qualified in 10 + 2 academic pass in arts and English core/English elective, science, or healthcare science educational requirements and corresponding examination; and must be medically fit.
	Basic nursing	4 years	10 + 2 academic class passed with science and English core/elective with aggregate of 45% marks from recognized board; medically fit; maintain general nursing midwifery degree; be at least 17 years old
	Post-basic nursing	2–3 years	Passing of the higher secondary, senior secondary, and intermediate grades; 10 + 2 academic pass or equivalent examination; completion of a general nursing and midwifery program; registration as an RN, RM; medically fit
	PhD in nursing	3–5 years	Completion of master of science in nursing and master of philosophy in nursing programs
	Master of philosophy in nursing	1–2 years	Completion of master of science in nursing program

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Madhya Pradesh	Nurse	3.5 years	Age 17–35 years on or before December 31 of the year in which admission is sought. Additionally, candidates must be medically fit. The minimum educational requirements shall be 10 + 2 in arts and English core/English elective or healthcare science; qualification in 10 + 2 arts or science examination is also required.
	PhD nurse	3–5 years	Master of science in nursing degree or master of philosophy in nursing degree
	Bachelor of nursing	4 years	Must be at least 17 years old on or before December 31 of the year in which admission is sought; must be medically fit. The minimum educational requirements shall be 10 + 2 class passed with science and English core/elective with a final grade of at least 45%.
	Post-basic nurse	2–3 years	Must have passed the higher secondary/ senior secondary, intermediate, 10 + 2, or an equivalent examination recognized by the university for this purpose. Those who have done 10 + 1 in or before 1986 will be eligible for admission; must have obtained a certificate in general nursing and midwifery and registered as an RN/RM with the State Nurses Registration Council and shall be medically fit.
	Master's in nursing	2 years	Bachelor of science (BSc), bachelor of science honors nursing, or post-basic BSc nursing degree and a corresponding final grade of 55%; 2 years of related nursing experience; and registration as a RN or RM with any state nursing registration council
	Licensed health visitor	2 years	Completion of 10 + 2 years of schooling; medically fit
	Registered nurse midwife	3–5 years	Age of 17–35 years on or before December 31 of the year in which admission is sought; must be medically fit. Minimum educational requirements shall be 10 + 2 in arts and English core/elective or healthcare science; qualification in 10 + 2 arts or science examination is also required.
	ANM	2 years	Must be aged at least 17 years old on or before December 31 of the year in which admission is sought; must be medically fit. Minimum educational requirements shall be 10 + 2 in arts and English core/elective or science or healthcare science; qualification in 10 + 2 arts or science examination is also required.
Maharashtra	PhD nurse	No data	3–5 years depending on program
	Midwife	3 years	Age, 17–35 years. 10 + 2 academic pass with English, and must have obtained a minimum of 40% at the qualifying examination and English individually from any recognized board. Candidates are also eligible from State Open School recognized by State Government and National Institute of Open School recognized by central government. Science is preferable.
	Post-basic nurse (psychiatric nurse, pediatric nurse, oncological nurse, critical care nurse)	11 months	Passed the higher secondary or senior secondary or intermediate or 10 + 2 or an equivalent examination recognized by the university for this purpose. Those who have done 10 + 1 in or before 1986, will be eligible for admission. Obtained a certificate in general nursing and midwifery and registered as RN/RM with the State Nurses Registration Council. A male nurse, trained before the implementation of the new integrated course besides being registered as a nurse with State Nurses Registration Council, shall produce evidence of training approved by Indian Nursing Council for a similar duration in lieu of midwifery in any one of the following areas: occupational therapy techniques, ophthalmic nursing, leprosy nursing, tuberculosis nursing, psychiatric nursing, neurological and neurosurgical nursing, community health nursing, cancer nursing, orthopedic nursing.
	Auxiliary nurse	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought. Maximum age, 35 years. Minimum educational requirements: 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science.

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Maharashtra (continued)	Master's in nursing/ master's nurse (Master of science in nursing; master of philosophy in nursing)	1–2 years de- pending on program	RN and RM or equivalent with any State Nursing Registration Council. Minimum education requirements shall be the passing of BSc (bachelor of science) nursing/BSc hon's nursing/post-basic BSc nursing, with minimum of 55% aggregate marks. Should have received BSc nursing / BSc hon's nursing / post-basic BSc nursing in an institution recognized by the Indian Nursing Council. Minimum 1 year of work experience after basic BSc nursing; minimum 1 year of work experience prior or after post-basic BSc nursing.
	General nurse midwife	3 years	Age, 17–35 years. 10 + 2 academic pass with English and must have obtained a minimum of 40% at the qualifying examination and English individually from any recognized board. Candidates are also eligible from State Open School recognized by State Government and National Institute of Open School recognized by the central government. Science is preferable.
	Basic nurse/ bache- lor of science in nursing	4 years	Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit. Minimum education: 10 + 2 class passed with science and English core/elective with aggregate of 45% marks from recognized board or other equivalent board. Students shall qualify in 10 + 2 science examination conducted by National Institute of Open School with 45% marks. Student shall be admitted once in a year.
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; maximum age, 35 years. Minimum educational requirements shall be 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or health-care science — only from recognized board.
Manipur	Nurse	2–3 years	Minimum age, 17 years, and maximum age, 35 years; 10 + 2 academic pass is required.
	Bachelor of nursing/ bachelor's nurse	4 years	10 + 2 academic pass or equivalent examination from any recognized board/university/council with English, physics, chemistry, and biology individually and securing not less than 50% marks for general and 40% marks for science candidates.
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; medically fit. Minimum educational requirements shall be 10 + 2 academic pass in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science.
	General nurse midwife	3–3.5 years	Age, 17–35 years; no age range for ANM and licensed health visitor. Minimum education requirements: 10 + 2 class academic pass preferably science and English with aggregate of 40% marks; 10 + 2 pass in arts (Mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science; 10 + 2 vocational ANM under board or other equivalent board with 40% marks. Registered as ANM with State Nursing Registration Council; medically fit.
	Health worker	1.5–2 years	No data
Meghalaya	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; medically fit. Minimum educational requirements shall be 10 + 2 in arts and English core/elective or science or healthcare science. Qualification in 10 + 2 arts or science examination is also required.
	Staff nurse	3–3.5 years	Minimum age, 17 years, and maximum age, 35 years, on or before December 31 of the year in which admission is sought; must be medically fit. Minimum educational requirements shall be 10 + 2 in arts and English core/elective or healthcare science; qualification in 10+2 arts or science examination is also required.

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Meghalaya (continued)	Licensed health visitor	No data	Completion of 10 + 2 years of schooling; medically fit
Mizoram	Nurse	3.5 years	Age, 17–35 years; medically fit. Must have also attained 10 + 2 in arts and English core/elective or healthcare science and qualified by examination. Must be registered as ANM with the state nursing registration council
	ANM	2 years	Age of 17–35 years on or before December 31 of the year in which admission is sought; medically fit. Must have also attained and qualified in 10 + 2 in arts and English core/elective, science, or healthcare science educational requirements and corresponding examination.
Mizoram (continued)	Basic nursing	4 years	Minimum age, 17 years; medically fit Must have passed 10 + 2 with science and English core/elective with aggregate of 45% marks from a recognized board
Nagaland	(See Assam)	(See Assam)	(See Assam)
Odisha (Orissa)	Midwife	2–3 years	No data
	Bachelor of nursing/ bachelor's nurse/ basic nurse	4 years	Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit. Minimum education: 10 + 2 academic class passed with science and English core/elective, with aggregate of 45% marks from a recognized board or other equivalent board; 10 + 2 vocational ANM recognized by Indian Nursing Council with 40% marks. Student shall succeed in 10 + 2 academic examination in science conducted by National Institute of Open School with 45% marks.
	Post-basic nurse	2 years	Hold a license as general nurse midwife; passed the Higher Secondary or Senior Secondary or Intermediate or 10 + 2 academic or an equivalent examination recognized by the university for this purpose. Those who have done 10 + 1 in or before 1986 are eligible for admission. Obtained a certificate in general nursing and midwifery and registered as RN or RM with the State Nurses Registration Council. A male nurse, trained before the implementation of the new integrated course, besides being registered as a nurse with the State Nurses Registration Council, shall produce evidence of training approved by Indian Nursing Council for a similar duration in lieu of midwifery in any one of the following areas: occupational therapy techniques, ophthalmic nursing, leprosy nursing, tuberculosis nursing, psychiatric nursing, neurological and neurosurgical nursing, community health nursing, cancer nursing, or orthopedic nursing.
	Master's in nursing	2 years	PBBSc (N) (post-basic bachelor of science in nursing) or B.Sc (N) (bachelor of science in nursing). RN and RM or equivalent with any State Nursing Registration Council. Minimum education requirements shall be BSc nursing/BSc honours nursing (bachelor of science in nursing honors) /post-basic BSc nursing with minimum of 55% aggregate marks; Should have received BSc nursing/BSc Honours nursing/post-basic BSc nursing in an institution recognized by Indian Nursing Council. Minimum 1 year of work experience after basic BSc nursing registration; minimum 1 year of work experience prior or after post-basic BSc nursing.
	Health visitor	2–4 years	No data
	Doctoral nurse	3–5 years	M.Sc(N), (Master of Science in Nursing), or master of philosophy in nursing
	ANM	2 years	Minimum age for admission, 17 years on December 31 of the year in which admission is sought; medically fit. Minimum education: 10 + 2 academic class passed with science and English core/elective, with aggregate of 45% marks from a recognized board or other equivalent board; 10 + 2 vocational ANM recognized by Indian Nursing Council with 40% marks. Student shall succeed in 10 + 2 academic examination in science conducted by National Institute of Open School with 45% marks.

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Odisha (Orissa) (continued)	General nurse midwife	3 years	<p>Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit.</p> <p>Minimum education: 10 + 2 academic class passed with science and English core/English elective, with aggregate of 45% marks from a recognized board or other equivalent board; 10 + 2 vocational ANM recognized by Indian Nursing Council with 40% marks.</p> <p>Student shall succeed in 10 + 2 academic examination in science conducted by National Institute of Open School with 45% marks.</p>
Pondicherry	(See Tamil Nadu)	(See Tamil Nadu)	(See Tamil Nadu)
Punjab	RN	3 years	Age, 17–35 years. Education of 10 + 2 academic pass. Should be unmarried, divorced, or widowed; medically fit.
	RM	2 years	Evidence of being a qualified nurse; head of applicant's nursing school certifies applicant has required clinical experience and attended 75% of formal instruction. Applicant presents "Case Book" duly completed and signed by head of school.
	Bachelor of nursing	4 years	<p>Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit.</p> <p>Minimum education: 10 + 2 class passed with science and English core/English elective with aggregate of 45% marks from recognized board or other equivalent board; will have passed 10 + 2 examination in science conducted by National Institute of Open School with 45% marks.</p>
	Master's in nursing	2 years	<p>RN and RM or equivalent with any State Nursing Registration Council.</p> <p>Minimum education requirements shall be the passing of bachelor of science in nursing/bachelor of science in nursing honors (BSc nursing / BSc honors nursing) / post-basic BSc nursing with minimum of 55% aggregate marks.</p> <p>Minimum 1 year of work experience after basic BSc nursing; minimum 1 year of work experience prior or after post-basic BSc nursing.</p>
	ANM	2 years	<p>Minimum age, 17 years on or before December 31 of the year in which admission is sought; medically fit.</p> <p>Minimum educational requirements shall be 10 + 2 academic pass in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science.</p> <p>Student passed 10 + 2 in arts or science examination conducted by National Institute of Open School.</p>
	General nurse midwife	3.5 years	<p>Minimum age, 17 years, and maximum, 35 years. No age limit for ANM or lady health visitor; medically fit.</p> <p>Minimum education: 10 + 2 class passed, preferably science and English with aggregate of 40% marks; 10 + 2 in arts (mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science from a recognized board or other equivalent board with 40% marks; 10 + 2 vocational ANM under the board or other equivalent board with 40% marks.</p> <p>Registered as ANM with State Nursing Registration Council.</p> <p>Qualified in 10 + 2 arts or science examination or healthcare science conducted by National Institute of Open School with 40% marks.</p>
	Multipurpose health worker	2 years	Matriculate education criteria

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Rajasthan	Midwife	3.5 years	Minimum age, 17 years, and maximum, 35 years; 10 + 2 academic pass based on a percentage of marks; and medically fit
	Nurse	3–3.5 years	10 + 2 academic pass based on percentage of marks medically fit, and aged 17–35 years
	Master's in nursing	2 years	RN and RM Minimum passing of bachelor of science in nursing and bachelor of science honors nursing, or post-basic bachelor of science (BSc nursing/BSc honors nursing/post-basic BSc) in nursing with minimum of 55% aggregate marks after completion of designated program. Minimum 1-year work experience after basic BSc nursing; minimum 1 year work experience prior or after post-basic BSc nursing
	Health visitor	2 years	Not available
	ANM	2 years	Age, 17–35 years; 10 + 2 academic pass based on percentage of marks; medically fit
Rajasthan (continued)	Basic nursing/basic nurse	4 years	Minimum age, 17 years; medically fit; 10 + 2 class passed with science and English core/elective with aggregate of 45% marks from recognized board; maintain general nursing midwifery degree
	Post-basic nursing/ Post-basic nurse	2–3 years	RN or RM; passing of the higher secondary, senior secondary, or intermediate education; 10 + 2 academic pass or equivalent examination; completion of a general nursing and midwifery program; medically fit
Sikkim	(See West Bengal)	(See West Bengal)	(See West Bengal)
Tamil Nadu	Registered nurse midwife	3–4 years, depending on the program	No data
Tamil Nadu (continued)	ANM	2 years	Minimum age, 17 years, and maximum, 35 years; medically fit. Must attain 10 + 2 in arts (math, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or science or healthcare science from a recognized board.
Telangana	(See Andhra Pradesh)	(See Andhra Pradesh)	(See Andhra Pradesh)
Tripura	Midwife	3.5 years	Minimum age, 17 years, and maximum, 35 years, on or before December 31 of the year in which admission is sought; medically fit. Minimum educational requirements, 10 + 2 in arts and English core/elective or healthcare science; qualification in 10 + 2 arts or science examination also required.
	Health visitor	2 years (18 months and 6-month internship)	10 + 2 years of schooling
	General nurse	3.5 years	Minimum age, 17 years, and maximum, 35 years, on or before December 31 of the year in which admission is sought; medically fit. Minimum educational requirements, 10 + 2 in arts and English core/elective or healthcare science; qualification in 10+2 arts or science examination also required.
	ANM	2 years	Minimum age, 17 years on or before December 31 of year in which admission is sought; medically fit. Minimum educational requirements, 10 + 2 in arts and English core/elective or science or healthcare science; qualification in 10 + 2 arts or science examination also required.
	Multipurpose supervisor	No data	No data
	Multipurpose worker (health)	No data	No data
Uttar Pradesh	Midwife	2–3 years	Minimum age, 17 years; medically fit; 10 + 2 academic pass
	Bachelor of nursing/ bachelor's nurse	4 years	Minimum age, 17 years on December 31 of the year in which admission is sought; medically fit. Minimum education requirements: 10 + 2 class passed with science and English core/elective with aggregate of 45% marks from recognized board or other equivalent Board. 10 + 2 examination in science conducted by National Institute of Open School with 45% marks.

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Uttar Pradesh (continued)	Mental health nurse/post-basic diploma in psychiatric nursing	2–3 years	RN or RM; medically fit; passed the Higher Secondary, Senior Secondary, or Intermediate or 10 + 2 or equivalent examination. Those who have done 10 + 1 in or before 1986 are eligible for admission.
	Master's in nursing/master's nurse	2 years	RN or RM or equivalent with any State Nursing Registration Council. Minimum education requirements: passing of BSN/BSN honors/post-basic BSN with minimum of 55% aggregate marks. Candidate should have undergone BSN/BSN honors/post-basic BSN and have 1 year (minimum) of work experience after basic BSN degree completion & 1 year (minimum) of work experience before or after post-basic BSN degree completion.
	General nurse	3 years	Minimum age, 17 years, and maximum, 35 years; medically fit; attain academic passing score of 10 + 2
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; medically fit. Minimum educational requirements: 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science — from recognized Board. Students qualified in 10 + 2 arts or science examination conducted by National Institute of Open School.
	General nurse midwife	3 years	Minimum age, 17 years, and maximum, 35 years. Minimum education requirements: 10 + 2 class passed preferably Science & English with aggregate of 40% marks. 10 + 2 in arts (mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science with 40% marks; 10 + 2 vocational ANM under recognized board or other equivalent board with 40% marks. Must be registered as ANM with State Nursing Registration Council.
	Post-basic nursing/post-basic nurse	2–3 years	Must have passed the Higher Secondary, Senior Secondary, Intermediate, 10 + 2, or equivalent examination recognized by the university for this purpose. Those who have done 10 + 1 in or before 1986 will be eligible for admission. Must be medically fit and have obtained a certificate in general nursing and midwifery and registered as an RN/RM with the State Nurses Registration Council. A male nurse, trained before the implementation of the newly integrated course besides being registered as a nurse with the State Nurses Registration Council, shall produce evidence of training approved by Indian Nursing Council for a similar duration in lieu of midwifery in any one of the following areas: ophthalmic nursing, leprosy nursing, psychiatric nursing, neurological and neurosurgical nursing, community health nursing, cancer nursing, orthopedic nursing.
	Health worker (female)	2 years	Minimum age, 17 years; medically fit
Uttarakhand	Bachelor of nursing/Bachelor's nurse/basic nurse	4 years	Entrance examination; minimum age, 17 years on December 31 of the year in which admission is sought; medically fit. 10 + 2 class passed with science and English core/English elective with aggregate of 45% marks from recognized board or other equivalent board
	ANM	2 years	Minimum age, 17 years on or before December 31 of the year in which admission is sought; medically fit. Applicants must attain a passing score of 10 + 2 in arts (mathematics, physics, chemistry, biology, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, and philosophy) and English core/elective or science or healthcare science—from recognized board.

TABLE C20 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Uttarakhand (continued)	Post-basic nurse	2–3 years	Applicant must have passed the Higher Secondary, Senior Secondary or Intermediate examination with a score of 10 + 2 or an equivalent examination (10 + 1 in or before 1986 will be eligible); medically fit. If a male nurse, must have been trained before the implementation of the new integrated course besides being registered as a nurse with the State Nurses Registration Council and shall produce evidence of training approved by Indian Nursing Council for a similar duration in lieu of midwifery in any one of the following areas: ophthalmic nursing, leprosy nursing, psychiatric nursing, neurological and neurosurgical nursing, community health nursing, cancer nursing, orthopedic nursing.
	Master's in nursing/ master's nurse	2 years	Entrance examination; RN or RM status; passing education requirements of BSN/BSN honors/post-basic BSN with minimum of 55% aggregate marks. Applicant should have BSN/BSN Honors/post-basic BSN and a minimum of 1 year of work experience after basic BSN and a minimum of 1 year of work experience prior or after post-basic BSN.
	General nurse midwife	2–3 years	Minimum age, 17 years, and maximum, 35 years; medically fit. Academic passing score of 10 + 2 in prior courses and English with aggregate of 40% marks is required. 10 + 2 in arts (mathematics, biotechnology, economics, political science, history, geography, business studies, accountancy, home science, sociology, psychology, philosophy) and English core/elective or healthcare science — from recognized board or other equivalent board with 40% marks is also required, with 10 + 2 vocational ANM under recognized board or other equivalent board with 40% marks. Must be registered as ANM with State Nursing Registration Council.
West Bengal	Midwife	3 years	10 + 2 based on grade percentage of marks
	Nurse	3 years	10+2 based on grade percentage of marks
	Master's in nursing	2 years	Completion of BSN and post-basic BSN programs
	ANM	2 years	10 + 2 based on grade percentage of marks
	Basic nursing/basic nurse	4 years	10 + 2 of grade percentage marks and a minimum of 50% in aggregate
	Post-basic nursing/ post-basic nurse	1–2 years, depending on program	Diploma in general nursing midwifery

Note. ANM = auxiliary nurse midwife; BSN = bachelor of science in nursing; RM = registered midwife; RN = registered nurse; SSLC = Secondary School Leaving Certificate.

TABLE C21

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Midwives in Central Asia

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Afghanistan	Assistant midwife	No data	Must pass an Afghan National Testing and Certification Midwifery Examination
Kyrgyzstan	Midwife	3 years	Minimum high school education, Grade 10
Nepal	Midwife	3 years	Completion of Grade 10
Pakistan	Nurse midwife	1 year	Must be a registered nurse
	Community midwife	1.5 years	Age limit between 15 and 40 years; 40% marks in matric (either art or science)
Sri Lanka	Midwife	No data	No data
Uzbekistan	Midwife	3 years	Completion of Grade 12
	Nurse midwife	No data	No data

TABLE C22

Duration of Nursing Program and Requirements for Entry—Specialist Nurses in Central Asia

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Afghanistan	Nurse anesthetist	2 years following education for nurse	No data
Bhutan	Master's in nursing	1 year	Completion of bachelor of science in nursing program
Kyrgyzstan	Nurse Specialist	1–2 additional years following completion of nursing program	Bachelor's in nursing or RN
Pakistan	Licensed practical nurse	2 years	Program is for females only, age between 15 and 30 years. Premedical science with a minimum of 45% marks in physics, chemistry, and biology as compulsory subjects; or matric (science) with a minimum of 45% marks in physics, chemistry, and biology as compulsory subjects
	Lady health visitor	2 years	Program is for females only, age between 15 and 30 years. Premedical science with a minimum of 45% marks in physics, chemistry and biology as compulsory subjects; or matric (science) with a minimum of 45% marks in physics, chemistry and biology as compulsory subjects

TABLE C23

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Nurses in Southeast Asia

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Brunei	RN	No data	No data
Cambodia	Associate degree nurse	3 years	Completion of high school education
	Bachelor of science in nursing	4 years	Completion of high school education
Indonesia	Nurse	3–4 years	No data
Laos	RN/associate nurse/high-level nurse	3 years	Applicant must have completed an upper secondary school program and passed an entrance examination.
	Graduate nurse/bachelor-level nurse	2 years (continuing education program) or 4 years (direct entry program)	If completing a direct entry program, an applicant must have completed an upper secondary school program and passed an entrance examination to the graduate nursing program. If completing a graduate nursing program by continuing education, an applicant must be younger than 45 years and have more than 3 years of experience as an RN.
	Technical nurse/middle-level nurse	2.5 years	Applicant must have completed an upper secondary education program and passed an entrance examination.
Malaysia	Nurse	3 years	No data
Myanmar	RN	3–4 years, depending on diploma or degree program	Completion of high school education (Grade 12)
	Nurse midwife	3–4 years, depending on diploma or degree program	Completion of high school education (Grade 12) and entrance requirements as established by the Myanmar Nurse and Midwife Council
Philippines	Professional nurse	3 years	No data
Singapore	RN	3–4 years	For the bachelor program, applicants must have attained "A" level in GCE courses; for the diploma program, applicants must have attained O Level in GCE courses, including in English, mathematics, and science.
	Enrolled nurse	2 years	For O Level, any 2 subjects (grade 1–8); for N Level, 3 subjects to include English, mathematics, and one other subject (Grades 1–5)

TABLE C23 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Thailand	Professional nurse	4 years	Completion of 12 years of primary and secondary education; minimum age, 16 years; possesses no prohibited disease as prescribed by the Nursing Council; has not declared bankruptcy/has not been bankrupt; and has not been declared incompetent, quasi-incompetent, or insane
Vietnam	Nurse	4 years	Completion of 12 years of basic education, or if already a secondary nurse/midwife, at least 5 years of experience, is required. Also, must possess a foreign language level A or a minor ethnic language as well as a basic level in informatics/computer software data analysis
	Elementary nurse	1 year	Completion of 9 years of basic education
	Secondary nurse	2 years	Completion of 12 years of basic education
Vietnam (continued)	College nurse	3 years	Completion of 12 years of basic education; foreign language level A or a minor ethnic language; and a basic level of computer and software application
	Advanced nurse	2 years	Completion of a bachelor of science in nursing degree and have worked as a nurse for at least 9 years; proficiency in computer software related to monitoring and caring for patients; and must possess a foreign language level B or fluently use a minor ethnic language

Note. GCE = General Certificate of Education; O Level = ordinary level; RN = registered nurse.

Australia and Oceania

TABLE C24

Types and Duration of Nursing Program and Requirements for Entry—General Nurses in Australia and Oceania

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Australia	RN	3 years	No data
	Enrolled nurse	1.5 years	No data
Cook Islands	RN	3 years	Minimum age, 17 years; preferred academic criteria; Level 2 with pass in English; pass Level 1 mathematics and a science subject; two supportive references. Men and women older than 21 years: fluent in English; show ability to cope with an academic course (preferably some recent education)
Fiji	RN	3 years	No data
Kiribati	RN	3 years	Form 6 and 7 (science students) test and interview
	Enrolled nurse	3 years	Form 6 and 7 (science students) test and interview
Marshall Islands	RN	No data	Completion of high school
	LPN	No data	No data
	Graduate nurse	No data	Completion of high school
	Graduate practical nurse	No data	Completion of high school
Micronesia	RN	No data	No data
	LPN	No data	No data
Nauru	RN	3–4 years	Completion of Grade 12 and requisite science subjects
New Zealand	RN	3 years	University entrance or equivalent
	Enrolled nurse	1.5 years	3 years of secondary schooling
Palau	RN	No data	Must be physically and mentally fit
	LPN	No data	Must be physically and mentally fit
Papua New Guinea	RN	3–4 years	Required for entry into the 3-year diploma program in nursing: Completion of Grade 12, and a minimum of C grade average in English, language/literature, mathematics, biology, and one or two other major subjects Required for entry in the 4-year diploma program in nursing: minimum B grade average in English, mathematics, biology, science (chemistry and/or physics)
Samoa	RN	3 years	Foundation year or mature entry
	Enrolled nurse	2 years	Foundation year or mature entry
Solomon Islands	RN	3–4 years	Secondary form 6/7 (science) with passes in English, mathematics, and science, or passed tests set by the institution

TABLE C24 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Tonga	RN	3 years	No data
Tuvalu	RN	3 years	Form 7
Vanuatu	RN	3 years	Must be aged between 18 and 30 years and must have attained 12/13 certificate with good grades in science

Note. LPN = licensed practical nurse; RN = registered nurse.

TABLE C25

Types of Nurses and Duration of Nursing Programs and Requirements for Entry—Midwives in Oceania

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Cook Islands	Registered midwife	No data	No data
Fiji	Midwife	No data	No data
Kiribati	Midwife	7–8 months, plus additional 3-month internship	Must be an RN or medical assistant
Marshall Islands	Certified nurse midwife	No data	Completion of high school
Micronesia	Nurse midwife	No data	No data
Nauru	Midwife	1 year	Diploma of nursing
Palau	Certified nurse midwife	No data	Must be physically and mentally fit, shall submit to physical or mental evaluation if requested by Board of Health Professions
Papua New Guinea	Registered midwife	1–1.5 years	Must be an RN and have 2 years' minimum postregistration experience before applying to a midwifery program
Samoa	Registered midwife	1 year	Must have bachelor of nursing degree
Tonga	Midwife	1 year	Completion of RN program
Tuvalu	Registered midwife	1 year	Must be an RN with at least 5 years of experience
Vanuatu	Midwife	9 months	Must be an RN with more than 5 years of clinical experience

Note. RN = registered nurse.

TABLE C26

Types of Nurses and Duration of Nursing Programs and Requirements for Entry—Specialty Nurses in Australia and Oceania

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Australia	Nurse practitioner	1.5 years	No data
Cook Islands	Nurse practitioner	No data	Must hold an RN license
	Public health nurse	3 years	Minimum age, 17 years preferred academic criteria: Level 2 with pass in English, pass in Level 1 mathematics and a science subject; two supportive references. Males and females older than 21 years: enthusiastic about nursing with characteristics suitable for nursing; have work experience that shows ability to work effectively with people; at least two supportive references; fluent in English (speaking, reading, and writing); show ability to cope with an academic course (preferably some recent education).
	Mental health nurse	3 years	See Cook Islands, public health nurse
Fiji	Community nurse	3 years	See Cook Islands, public health nurse
	Nurse practitioner	No data	No data
	Nurse specialist	No data	No data
Kiribati	Public health nurse	No data	No data
	Public health nurse	5–6 months	Must be an RN or medical assistant
	Medical assistant	1.5 years	Must be an RN with 5 years of work experience in public health

TABLE C26 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Marshall Islands	Nurse practitioner	No data	Must be an RN
	Advanced nurse Practitioner	No data	Must be an RN
Micronesia	Nurse practitioner	No data	No data
	Advanced practice nurse	No data	No data
	Nurse anesthetist	No data	No data
Nauru	Nurse practitioner	No data	No data
	Nurse specialist	No data	No data
	Nurse anesthetist	No data	No data
New Zealand	Nurse practitioner	2 years	Must be an RN with 5 years of work experience
	RN prescriber in primary health and specialty teams	1 year	Postgraduate diploma
	RN prescriber in community health	6 months–1 year	No data
Palau	Advanced practice nurse	No data	Must be an RN
	Certified nurse anesthetist	No data	Must be an RN
	Registered mental health nurse	No data	Must be an RN
Papua New Guinea	Registered nurse practitioner	No data	Must be an RN
	Registered pediatric nurse	No data	Must be an RN
	Registered acute nurse	No data	Must be an RN
	Registered acute nurse	No data	Must be an RN
Samoa	Nurse consultant specialist	No data	No data
Solomon Islands	Nurse specialist	1 year	Must be an RN
Tonga	Nurse practitioner	No data	No data
Tuvalu	Nurse practitioner	1 year	Must be an RN and midwife
Vanuatu	Nurse practitioner	9 months	Must be an RN with more than 5 years of clinical experience
	Advanced nurse practitioner	9 months	Must be an RN with more than 5 years of clinical experience

Note. RN = registered nurse.

TABLE C27

Types of Nurses and Duration of Nursing Programs and Requirements for Entry—Nurse Assistants in Oceania

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Cook Islands	Nurse aid	No data	No data
Kiribati	Nurse aid	No data	No data
Marshall Islands	Nurse assistant	No data	No data
	Operating room technician	No data	No data
Palau	Health assistant	No data	Must be physically and mentally fit, shall submit to physical or mental evaluation if requested by the Board of Health Professions
Papua New Guinea	Nurse aid/enrolled nurse	No data	No data
Solomon Islands	Registered nurse aid	1.5 years	Secondary form 3, or tests passed as set by the institution

TABLE C27 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Vanuatu	Nurse aid	9 months	Must have Year 10 certificate with experience as a village health worker or nurse aid in a hospital/health center setting
	Village health worker	11 weeks	Must have Year 6 or 10 certificate; chosen by the community

Europe

TABLE C28

Types of Nurses and Duration of Nursing Program and Requirements for Entry by Nurse Type—Eastern Europe

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Albania	Registered nurse	3–5 years	Set by nursing faculty
Belarus	Nurse (medical sister)	No data	No data
	Midwife	No data	No data
Bosnia and Herzegovina	Medical nurse (nurse)	No data	Completion of high school education
	Medical midwives sisters (midwife)	No data	Completion of high school education
	Health worker	No data	Completion of high school education
	Pediatric nurse (pediatric nurse sister)	No data	Completion of high school education
	Psychiatric nurse sister	No data	Completion of high school education
	Nursing technician	No data	High school education in nursing profession
Bulgaria	Nurse specialist	No data	Holds a license in nursing or midwifery
	Nurse	4 years	Completion of 10 years' general education with diploma or similar certification, issued by competent body
	Midwife	3 years	Completion of 10 years' general education with diploma or similar certification issued by competent body; or evidence of formal qualifications as a nurse
Croatia	Health assistant	No data	No data
	General care nurse	3 years	10 years of general educational program
Cyprus	Bachelor of nursing	3 years	12 years of general educational program
	General nurse/nurse technician	3 years	Completion of 12 years of general schooling, which provides access to a university or a higher education institution at a level as equivalent; or completion of general school education of at least 10 years, which provides access to a vocational school or professional nursing program is required. Additionally, applicant should be at least 21 years old and a resident of Cyprus.
	Midwife	1.5–3 years, depending on the program	Completion of at least 12 years of general school education or possession of a certificate confirming the success of an entrance examination, equivalent level in Professional Class I obstetrics or possession of evidence of formal qualifications as a nurse responsible
	Psychiatric nurse	No data	No data
	Health visitor	No data	No data
Estonia	Registered nurse	3.5 years	High school graduation certificate
	Nurse specialist	0.5–1 year	Must be a registered nurse
	Advanced nurse practitioner	2 years	Must be a registered nurse
Greece	Nurse	4 years	12 years of basic education; entry after national examinations
	Nurse assistant	2 years	10 years of basic education; entry without examination
Latvia	Nurse	3–4 years	No data
	Midwife	3 years	Completion of secondary education that provides rights to study at a university type higher education institution or education of a nurse

TABLE C28 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Lithuania	Nurse general practitioner	3.5 years	Secondary education is required to enter studies.
	Nurse general practitioner and professional	2 years master's degree program	To enter studies: acquire bachelor's degree in nursing and professional qualification of nurse general practitioner
Macedonia, Former Yugoslav Republic	Nurse	No data	University degree
	Midwife	No data	No data
Republic of Moldova	Nurse	No data	No data
	Medical assistant	No data	No data
Montenegro	Nurse	No data	No data
Romania	Nurse (assistant medical generalist)	No data	12 years of education (high school)
Russia	Nurse	2 years and 10 months	9–11 years of education
	Feldsher	3 years and 10 months	11 years of education
Serbia	Professional nurse	No data	No data
	Specialist professional nurse	No data	No data
	Expert Nurse	No data	No data
Turkey	Specialized nurse	Varies	Varies
	Nurse	4 years	Completion of higher secondary education
	Midwife	No data	No data
Ukraine	Nurse	3 years	Completion of secondary education and successful passing of an interview with board are required.
	Midwife	No data	Completion of secondary education and successful passing of an interview with board
	Specialist nurse	No data	No data

TABLE C29

Types of Nurses and Duration of Nursing Program and Requirements for Entry—General Nurses in Nordic Countries

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Norway	General nurse	3 years	Completion of 10 years of general education
Sweden	Nurse	3 years	Successful completion of a high school education; proficiency in English and Swedish
Denmark	Nurse	3.5–4 years	Completion of 10 years of general education
Finland	Nurse	3.5 years	Completion of secondary school or equivalent
Iceland	Nurse	4 years	Completion of secondary school or equivalent
Faroe Islands	Nurse	No data	No data
Greenland	Nurse	3 years	Greenland permanent residency; completion of secondary school education and satisfactory passing of an entrance examination

TABLE C30

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Midwives in Nordic Countries

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Norway	Midwife	2 years	No data
Sweden	Midwife	1.5 years	A completed bachelor's degree in any major in the health sciences or the equivalent; 1 year's professional experience as a nurse at the beginning of the course and language skills equivalent to Swedish B and English A
Denmark	Midwife	1.5–3.5 years	Completion of high school education
Finland	Midwife	1 year	Completion of registered nursing program or equivalent

TABLE C30 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Faroe Islands	Midwife	No data	No data
Greenland	Midwife	3 years	Greenland permanent residency; completion of secondary school education and satisfactory passing of an entrance examination

TABLE C31

Types of Nurses and Duration of Nursing Program and Requirements for Entry in Denmark

Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Psychiatric nurse	1 year	Danish authorization as a nurse; 2 years of work experience in clinical psychiatric nursing and 1-year agreement with employer regarding participation in theory education and guided clinical education
Nurse anesthetist	2 years	Danish authorization as a nurse; 2 years of work experience at the broad clinical level
Health visitor	1.5 years	Danish authorization as a nurse; 2 years of work experience at the clinical level, including completion of 8-month (minimum) appointment in specialized care and 6-month agreement with employer regarding participation in guided clinical education
Intensive care nurse	1.5 years	Danish authorization as a nurse; 2 years of work experience at the clinical level and completion of 6-month appointment in intensive care department
Cancer care nurse	1.5 years	Danish authorization as a nurse; 2 years of work experience at the clinical level
Hygiene nurse	30 weeks	Danish authorization as a nurse; 2–3 years in clinical nursing and at least 1 year of higher education in nursing after completing general nursing education

TABLE C32

Types of Nurses and Duration of Nursing Program and Requirement for Entry—General Nurses in Western/Central Europe

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Andorra	General nurse	4 years	State diploma in secondary education or equivalent
Austria	Nurse	3 years	Medical fitness; trustworthiness; successful completion of 10 school grades; admission test or interview whereby a board decides on admission
Belgium	General care nurse	4 years	Completion of 12 years of general education
Czech Republic	General Nurse	No data	General education of 10 years as attested to by diploma/ certificate or equivalency
France	Nurse	3 years	Bachelor's degree prior to admission into nursing education
Germany	Nurse	3 years	Proof of middle school and secondary diploma or another equivalently recognized degree; successfully completed vocational training of at least 2 years; or, regulated assistance or helper training in care of at least 1 year; or, permission as a medical assistant; or at least 1 year duration as geriatric nursing assistant; or licensed as a nursing assistant. There is a minimum age requirement; some schools set maximum age requirements, though a maximum age is not required by law.
Hungary	General nurse	3 years	Completion of secondary school
	Bachelor of nursing	4 years	No data
	Master's in nursing	1.5 years	Completion of bachelor of science in nursing degree
	Graduate nurse	No data	No data
Ireland	General nurse	4 years	Standard applicants must have a Leaving Certificate and examination minimum grade of H5 in two higher level papers, and O6/H7 in four ordinary or higher level papers in the following subjects: Irish or English, mathematics, a laboratory science subject, and three other subjects. Otherwise, they must be judged by the higher education institutions to have attained equivalent minimum education.
Italy	RN—general	3 years	Completion of secondary school
	RN—pediatric	3 years	Completion of secondary school

TABLE C32 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Liechtenstein	Nurse	3 years	Completed basic education in accordance with the provisions of regulations in a recognized institution or an outside regulated program, or, has acquired experience of at least 3 years of professional experience in the health field
Luxembourg	Nurse	4 years	Completion of general education of 10 years or equivalent
Malta	RN	3 years	Completion of 10 years of general education with diploma or similar certification
	Enrolled nurse	No data	Completion of 10 years of general education with diploma or similar certification
Monaco	Licensed nurse	3 years	Must be at least 17 years old on December 31 of year of selection tests; be mentally and physically fit with attestations of health and character; successfully pass a selection test; and submit documents indicating general education attained
Netherlands	Nurse	No data	No data
Poland	RN	2–5 years	Completion of primary school
	Nurse with bachelor's degree in nursing	3 years	Completion of high school and passing of matriculation examination
	Nurse with master's degree in nursing	2 years	Completion of bachelor's degree in nursing
Portugal	General nurse	4 years	Completion of secondary high school education; completion of the national examinations in geology, biology, mathematics, physics, and chemistry
San Marino	Nurse	No data	No data
Slovakia	Nurse	3 years	Completion of high school/vocational school education; be at least 18 years old; and be medically fit
	Practical nurse	No data	No data
Slovenia	Registered nurse	3 years	Completion of 10 years of general education with diploma or similar certification
Spain	General care nurse	4 years	Varies by region
Switzerland	Registered nurse	3 years	12 years of schooling; 9 years plus 3 years of apprenticeship is also possible
United Kingdom	Adult nurse	3 years	Vary based on educational institution

Note. RN = registered nurse.

TABLE C33

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Midwives in Western and Central Europe

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Andorra	Midwife	2–4 years	State diploma in secondary education or equivalent
Austria	Midwife	2 years	Completion of bachelor's degree; professional aptitude and medical fitness
Czech Republic	Midwife	No data	General education of 10 years as attested to by diploma/certificate or equivalency and experience as a nurse responsible for general care
France	Midwife	5 years	No data
Germany	Midwife	No data	Completion of secondary education or equivalent, or, if completed a 10-year schooling program, has a secondary school degree or equivalent and completion of requisite vocational training; proofs of fitness for the profession; certificate of health not older than 3 months
Hungary	Midwife	No data	No data
Ireland	Midwife	No data	Standard applicants must have a Leaving Certificate examination and a minimum grade of H5 in two higher level papers, and O6/H7 in four ordinary or higher level papers in the following subjects: Irish or English, mathematics, a laboratory science subject, and three other subjects. Otherwise, they must be judged by the higher education institutions to have attained equivalent minimum education.
Liechtenstein	Midwife	3 years	Completed basic education in accordance with the provisions of regulations in a recognized institution or an outside regulated program, or has acquired at least 3 years of professional experience in the health field

TABLE C33 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Luxembourg	Midwife	1.5–3 years	Completion of 10 years' general education or equivalent or evidence of possession of nursing diploma
Malta	Midwife	1.5–3 years	Completion of 10 years' general education with diploma or similar certification
Monaco	Midwife	2 years	No data
Netherlands	Midwife	No data	No data
Slovakia	Midwife	3 years	Completion of high school/vocational school education; be at least 18 years old; and be medically fit
Slovenia	Registered Midwife	1.5–3 years	Completion of 10 years' general education or equivalent or evidence of possession of nursing diploma
Spain	Midwife	2 years	Completion of 4-year nursing degree and requisite experience as a nurse (generally 2 years)
United Kingdom	Midwife	3 years (adult nurses may complete in 18 months)	Not available

TABLE C34

Types of Nurses and Duration of Nursing program and Requirements for Entry—Specialty Nurses in Western and Central Europe

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Andorra	Specialist nurse	2 years	Must hold a registered nurse license
Austria	Surgical nurse	7 months	Qualification in nursing care as a nurse
	Pediatric nurse	1 year	Qualification in nursing care as a nurse
	Psychiatric nurse	1 year	Qualification in nursing care as a nurse
Czech Republic (Czechia)	Child nurse	No data	General education of 10 years as attested to by diploma or certificate or equivalency
France	Psychiatric nurse	No data	No data
	Nurse anesthetist	2 years	Bachelor's degree in nursing followed by state nurse certification for at least 2 years, followed by competition into specialized school for training
	Operating room nurse	1.5 years	Bachelor's degree in nursing followed by state nurse certification for at least 2 years, followed by competition into specialized school for training
	Nursery nurse	1 year	Bachelor's degree in nursing followed by state nurse certification, followed by competition into specialized school for training
Germany	Nurse specialist	3 years	Proofs of middle school diploma or another equivalently recognized degree; secondary school diploma or equivalent or another completed 10-year schooling training that complements the secondary school diploma; successfully completed vocational training of at least 2 years; regulated assistance or helper training in care of at least 1 year; or permission as a medical nursing assistant or nursing assistant; or Hauptschulabschluss or one equivalent recognized educational qualification; or, completed at least 1 year of training in geriatric nursing assistant; or licensed as a nursing assistant. There is a minimum age requirement; some schools set maximum age requirements, though a maximum age is not required by law.
	Pediatric nurse	3 years	Prequalification for a secondary education or for a secondary school diploma or equivalent that the student has completed at least 2 years of vocational training; has a nursing assistant license; or has successfully completed nationally regulated training of at least 1 year in the nursing assistant or geriatric nursing assistant field. A vocational education is not legally required for applicants with a medium level of education for students with a high school diploma. There is a minimum age requirement; some schools set maximum age requirements, though a maximum age is not required by law.

TABLE C34 (continued)

Country	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Germany (continued)	Geriatric nurse	3 years	Proofs of middle school diploma or another equivalently recognized degree; secondary school diploma or equivalent or another completed 10-year schooling training that complements the Secondary school diploma; successfully completed vocational training of at least 2 years; regulated assistance or helper training in care of at least 1 year; or permission as a medical nursing assistant or nursing assistant; or Hauptschulabschluss or one equivalent recognized educational qualification; or completed at least 1 year of training in geriatric nursing assistant; or licensed as a nursing assistant. There is a minimum age requirement; some schools set maximum age requirements, though a maximum age is not required by law.
Hungary	Occupational health nurse	1 year	Completion of secondary school; general nurse qualification; medical certificate
	Psychiatric nurse	No data	No data
	Nurse practitioner	No data	No data
Luxembourg	Psychiatric nurse	2 years	State nursing diploma or recognition of nursing diploma obtained abroad
	Pediatric nurse	2 years	State nursing diploma or recognition of nursing diploma obtained abroad
	Anesthesia and resuscitation nurse	2 years	State nursing diploma or recognition of nursing diploma obtained abroad
	Medical technical assistant	2 years	State nursing diploma or recognition of nursing diploma obtained abroad
Malta	Children's nurse	1 or 3 years, depending on program track	Completion of 10 years of general education with diploma or similar certification prior to 3-year children's nursing program; or nursing diploma prior to entry into special 12-month children's nurse training
	Mental health nurse	1 or 3 years, depending on program track	Completion of 10 years of general education with diploma or similar certification prior to 3-year mental health nursing program; or nursing diploma prior to entry into special 12-month mental health nurse training
Monaco	Nurse anesthetist	No data	Nursing diploma
Portugal	Specialist nurse in community nursing	1–1.5 years	Must hold degree of licentiate in nursing or equivalent as well as professional title of nurse; and have at least 2 years of professional practice as a nurse
	Specialist nurse in surgical nursing	1–1.5 years	Must hold degree of licentiate in nursing or equivalent as well as professional title of nurse; and have at least 2 years of professional practice as a nurse
	Specialist nurse in infant health and pediatrics	1–1.5 years	Must hold degree of licentiate in nursing or equivalent as well as professional title of nurse; and have at least 2 years of professional practice as a nurse
Portugal (continued)	Specialist nurse in maternal health and obstetrics	1.5 years	Must hold degree of licentiate in nursing or equivalent as well as professional title of nurse; and have at least 2 years of professional practice as a nurse
Slovakia	Advanced practice nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
Spain	Mental health nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
Spain	Obstetric nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
	Community nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
	Pediatric nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
	Specialist nurse	2–3 years	Completion of 4-year nursing degree or the equivalent and requisite experience as a nurse (generally 2 years)
Switzerland	Nurse specialist	1–2 years	Registered nursing diploma, plus work experience in different specialties
	Advanced practice nurse	2 years	Bachelor of science in nursing degree; clinical competence and experience
United Kingdom	Children's nurse	1 year	Completion of adult nurse program
	Intellectual disability nurse	1 year	Completion of adult nurse program
	Specialist nurse in community nursing	1 year	Completion of adult nurse program
	Mental health nurse	1 year	Completion of adult nurse program

TABLE C35

Types of Nurses and Duration of Nursing Program and Requirements for Entry by Nurse—Middle East

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Armenia	Nurse (RN)	3 years	Completion of high school education
Bahrain	General nurse	3–4 years	Completion of high school education
Georgia	Practice nurse (Type 1)	3 years	Secondary education
	Practice nurse (Type 2)	4 years	The National Entrance Examination
Iran	General nurse	4 years	No data
Iraq	Nurse	No data	Completion of Grade 10
Israel	RN	4 years in academic program; 2.5 years for diploma	High school diploma, citizen of Israel, psychometric examinations
Jordan	RN	4 years	Secondary certificate
Kuwait	Nurse	No data	No data
Lebanon	RN	3 years	Completion of high school education (13 years of school)
	Nurse	3 years	Completion of Grade 9 (10 years of school)
Oman	Nurse	3 years	Students' admission to nursing institutes and university nursing programs is based on secondary school grades and demonstrating a proficiency of the English language and admissions interviews in Arabic and English.
Palestine	Nurse	No data	Completion of high school education
Saudi Arabia	Nurse	Bachelor's program in nursing	Certificate of completion from the training of the concession year; Copy of identification (national identity / passport / residence); Recent personal photograph; Academic record; Must be medically fit; Successful passage of the comprehensive acceptance test held by the Commission; Certificate of professional classification (if any) with mandatory classification after admission and before the start of the program; Letter of preliminary approval to join the program from the approved employer, and, in case of acceptance, to bring the final letter of completion for the entire period of the program (for employees); and Payment of fees (300 riyal) in the case of a request for re-evaluation of curriculum vitae
Syrian Arab Republic	Nurse	No data	Requirements are determined by the Syrian Higher Education Council
United Arab Emirates	RN	3 years	No data

Note. RN = registered nurse.

TABLE C36

Types of Nurses and Duration of Nursing Program and Requirements for Entry—Specialist Nurses in the Middle East

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Armenia	Nurse manager	4 years	Completion of high school education
Bahrain	Clinical nurse specialist	Minimum of 500 hours of clinical experience	Bachelor's degree in nursing
	Specialist nurse	1 year	Qualification as a general nurse
Iran	Nurse anesthetist	2 years	No data
	Operating room nurse	2 years	No data

TABLE C36 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Israel	Clinical nurse specialist	1 year	RN; diploma, post-basic education, clinical experience
	Academic registered lactation consultant	Additional program, following nursing diploma/degree	Is an RN
	Post-basic nurse	1 year	RN; diploma; bachelor of arts; entry examination
Lebanon	Technique superior RN	Prior to 2014: 3 years; after 2014: 2 years, plus 1 year of specialty	Completion of high school education or technical baccalaureate
Oman	Psychiatric nurse	No data	Nursing degree, demonstrating a proficiency of the English language, and admissions interviews in Arabic and English
	Infectious disease nurse	No data	Nursing degree, demonstrating a proficiency of the English language, and admissions interviews in Arabic and English
	Pediatric nurse	No data	Nursing degree, demonstrating a proficiency of the English language and admissions interviews in Arabic and English
Saudi Arabia	Nurse Specialist 1	1 year of excellence program	Completion of bachelor's program in specialty
	Nurse Specialist 2	Additional required expertise program	Master's degree or equivalent in specialty
	First Nurse Specialist 1	1 year of excellence program	2 years of post-master's degree nursing experience
Saudi Arabia (continued)	First Nurse Specialist 2	Additional required expertise program	3 years of post-master's degree nursing experience
	Advisory nurse/ PhD nurse	Following a master's degree program in a nursing specialty, 3 years of experience in addition to PhD program (Doctor of Philosophy) in nursing	Master's degree or equivalent in a nursing specialty
United Arab Emirates	Registered specialist nurse	No data	No data
	Advanced practice nurse	No data	Completion of RN program

Note. RN = registered nurse.

TABLE C37

Types of Nurses and Duration of Nursing Programs and Requirements for Entry—Midwives in the Middle East

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Azerbaijan	Midwife (registered midwife)	Up to 5 years	Minimum high school education (Grade 10)
	Nurse midwife	Up to 5 years	Minimum high school education (Grade 10)
Bahrain	Midwife	9 months to 4 years (duration is dependent on program)	If seeking a postgraduate midwifery certificate, initial qualification as a general nurse is necessary
Iraq	Midwife	3 years	Completion of Grade 10
Jordan	Midwife	4 years	Secondary certificate
Kuwait	Midwife	No data	No data
Oman	Midwife	No data	Requires a nursing degree, demonstrating a proficiency of the English language, and admissions interviews in Arabic and English
Palestine	Midwife	No data	Completion of high school education
Syrian Arab Republic	Midwife	No data	Such requirements are determined by the Syrian Higher Education Council

TABLE C37 (continued)

Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
United Arab Emirates	Registered midwife	No data	No data
Yemen	Midwife	3 years	Minimum high school education (Grade 10)
	Nurse midwife	3 years	Minimum high school education (Grade 10)

TABLE C38

Types of Nurses and Duration of Nursing Programs and Requirements for Entry—Nurse Assistants in the Middle East

Middle Eastern Jurisdiction	Nurse Type	Duration of Nursing Program	Requirements for Entry Into Program
Armenia	Nurse assistant	1 year	Completion of high school education
Azerbaijan	Auxiliary midwife	No data	No data
Bahrain	Practical nurse	1.5 years	Completion of high school education
Georgia	Nursing assistant	1.5–2 years	Basic education, secondary education
Iran	Practical nurse	12 years of general education	No data
Israel	Practical nurse	1 year	High school diploma, citizen of Israel, internal examinations
Jordan	Practical nurse	2 years	(Currently discontinued for new applicants)
	Associated nurse	2 years	Secondary certificate
Saudi Arabia	Nursing assistant	No data	No data
United Arab Emirates	Practical nurse	No data	No data
	Practical midwife	No data	No data
Yemen	Medical assistant	No data	No data

Global Regulatory Atlas Questionnaire

Start of Block: Introduction

Thank you for contributing to the Global Regulatory Atlas project. Please answer the questions below as best you are able. If you have difficulty with this survey, please contact us at RegAtlas@ncsbn.org for assistance.

We'd like to begin by asking about the regulation of nurses in your jurisdiction.

Please indicate if your country/province/state has the following arrangements in place to facilitate mobility of nurses (allow nurses to work across state, province, or country borders):

- Mutual agreements (with which other countries/provinces/states?) _____
- Regional compacts (please name) _____
- Neither of these

Is there a law or regulations related to the regulation or governance of nursing in your country/state/province?

- Yes
- No

Where can they be found? Please provide a link if possible.

Is there a body that governs and regulates nursing in your country/state/jurisdiction? We will refer to this body as the regulatory body.

- Yes
- No

What is the mandate of the body that has authority over nursing?

- Public protection
- Promotion of the nursing profession
- Workforce, labor, or union issues
- Other (please describe) _____

We'd like to focus on the body that governs and regulates nursing, which we'll refer to as the "regulatory body." Which best describes this body?

- The regulatory body for nursing is independent from the bodies that regulate other professions.
- The regulatory body for nursing is part of a multidisciplinary body that regulates many professions.
- Other (please describe) _____

Please give us the name of this organization and the name of its leader:

Physical or postal address of the regulatory body:

Website of the regulatory body, if available:

End of Block: Introduction

Start of Block: Regulatory Body Composition

Please tell us about the composition of this regulatory body.

How many representatives serve on the regulatory body?

Who is involved in serving as a representative on the regulatory body?

- Nurses
- Physicians
- Public Members
- Others (please describe) _____

How are representatives appointed to serve on the regulatory body?

- Elected
- Nominated by profession and confirmed by government
- Appointment process
- Other (please describe) _____

Are there any competencies or qualifications needed in order to serve on the regulatory body?

End of Block: Regulatory Body Composition

Start of Block: Regulatory Body Operations

Next, we will ask about the operations of the regulatory body with authority over nurses.

Is there a publicly available database or register of all nurses?

- Yes
- No

Where can this database be found? Please provide a link if possible.

How does the regulatory body store disciplinary records and data?

- In the same database that contains nurse registry information
- In another database (please describe) _____

- Other (please describe) _____

- We do not store disciplinary records

For how long are these records stored?

Are these records available to the public?

- Yes
- No

What are the governance powers of this body?

- Licensing/registering nurses
- Administrating nursing law and regulations
- Making decisions about scope of practice
- Creating legislation
- Disciplining nurses
- Other (please describe) _____

What is the range of available discipline options or actions that can be taken against a nurse for conduct or competence reasons?

- Censure
- Cease and desist order
- Reprimand
- Summary suspension
- Suspension
- Remediation
- Citation Order
- Revocation
- Warnings
- Fine/civil penalty
- Practice limitation with probation
- Practice limitation without probation
- Probation
- Conditional probation
- Assessment of costs
- Community service
- Surrender of license
- Denial of license
- Other options not listed here (please specify) _____

Does this regulatory body have the authority to require and designate a required national/jurisdictional examination?

- Yes
- No

End of Block: Regulatory Body Operations

.....
Start of Block: Nursing Education

We would like to ask about nursing education in your jurisdiction.

Does the regulatory body have the authority to approve nursing education schools or programs?

- Yes
- No

Are nursing programs accredited in your country/province/state?

- Yes
- No

Who approves education programs, if not the regulatory body?

Is accreditation of programs required?

- Yes
- No

End of Block: Nursing Education

.....
Start of Block: Telehealth

Does your regulatory body have regulations or policies regarding telehealth for nurses?

- Yes
- No

Do nurses in this jurisdiction provide telehealth nursing services across any international borders?

- Yes
- No
- Unsure

Are telehealth nursing services being provided to patients inside this jurisdiction from outside this jurisdiction?

- Yes
- No
- Unsure

End of Block: Telehealth

.....
Start of Block: NurseType

We are now going to ask you about the nursing workforce in your country/state/province. In the lines below, please provide some information about the different types of nurse in your country/state/province. If you have more types of nurses in your jurisdiction than the space provides for, please contact us at regatlas@ncsbn.org for assistance.

Type of nurse	Credentials used (RN, RGN, etc.)	Number of nurses of this type	General requirements for entry into educational or training program	Length of educational or training program	National/jurisdictional examination required, if any	What medications may this type of nurse prescribe, if any?	May this type of nurse refer patients to other services?	May this type of nurse diagnose?

How is recognition or authority to practice granted in your country/ state/province?

- Licensure
- Registration
- Considered authorized when education is completed
- Another way (please describe) _____

Does your country/state/province require nurses from other countries to pass a language proficiency examination?

- Yes
- No

What language proficiency examinations are accepted?

Is evidence of good moral character required?

- Yes
- No

Please describe the evidence of good moral character that is required.

End of Block: Nurse Type

Start of Block: Block 6

Finally, we have a few questions about nursing research in your jurisdiction.

Does the regulatory body undertake regulatory research?

- Yes
- No

If a nurse from another country wishes to practice as a nurse in your country/state/province, describe the process they would follow to become authorized.

Are there requirements for proof of continuing competence or continuing fitness to practice?

- Yes
- No

What are the requirements for proof of continuing competence or fitness to practice?

How often must these requirements be completed?

Are there any additional requirements for nurses that we have not previously mentioned?

What are the major research priorities?

End of Block: Block 6

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