



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

CERTIFICATION OF ELIGIBILITY

SMLE – SDLE – SNLE – SPLE – SLLE- SRCLE- SRTLE

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

Student name: National/Residence ID:

Type of Examination:

- Saudi Medical Licensure Examination (SMLE).
- Saudi Dental Licensure Examination (SDLE).
- Saudi Nursing Licensure Examination (SNLE).
- Saudi Pharmacist Licensure Examination (SPLE) .
- Saudi Laboratory Licensure Examination (SLLE) .
- Saudi Respiratory Care Licensure Examination (SRCLE).
- Saudi Radiologic Technologist Licensure Examination (SRTLE).

Applicant Type:

- Last year student.
- OR
- Intern - Period from to

I certify that this student is currently enrolled in the University/College and is eligible to register for the examination stated above.

Printed Name of Dean or Designee	Dr.Hassan A. Alshamrani
Signature of Dean or Designee	
Name of University/College	Najran University
University/College City/Branch (If APL)	College of applied medical science

OFFICIAL STAMP

Date: