



South African Nursing Council
Regulating nursing, advocating for the public

APPLICATION FOR REPLACEMENT CERTIFICATE(S)

PERSONAL DETAILS (Please print clearly in block letters)

SA Nursing Council Reference Number	1																				
Title <i>(tick ✓ one box)</i>	Dr.	Mr.	Ms.	Miss																	
Surname																					
Given Names <i>(in full)</i>																					
Maiden Name <i>(if applicable)</i>																					
Identity Number																					
Physical Address																					
																		Postal Code			
Postal address <i>(if not the same as physical address)</i>																					
																		Postal Code			
Email address																					
Cell phone number																					

REPLACEMENT CERTIFICATE(S) REQUESTED FOR THE FOLLOWING QUALIFICATIONS (tick ✓ the required one(s))

Code	Qualification	Awarding Body	Year certificate issued
11	Nurse (General, Psychiatric & Community) and Mid		
15	General Nurse		
16	Psychiatric Nurse		
21	Midwife		
58	Nursing Administration		
65	Nursing Education		
78	Clinical Nursing Science, Health Assessment, Treat		
202	Post Basic Community Science		
212	M&S: Critical Care Nursing - General		
	Other <i>(please specify)</i>		

Signature:

Date:

SANC-40b (2025-01-01)



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