



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

CERTIFICATION OF ELIGIBILITY SMLE – SDLE – SNLE

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:

The student is currently in his/her:

- Saudi Medical Licensure Examination (SMLE) Year
- Saudi Dental Licensure Examination (SDLE) Internship Year
- Saudi Nursing Licensure Examination (SNLE) From.....To.....

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

| | |
|----------------------------------|--|
| Name of Dean or Designee | |
| Printed Name of Dean Or Designee | |
| Name of University/College | |
| University/College Address | |

OFFICIAL STAMP

Date: