በኦሮሚያ ብሔራዊ ክልላዊ መንግስት
OROMIA NATIONAL REGIONAL GOVERNMENT
ጤና ጥበቃ ቢሮ
HEALTH BUREAU

BEFO/AHITQFFWO/71.666
ቀን 29/02/2015

የምዝገባ ቁጥር (Reg.No) JMWP = 103,701/2015

RPL=816

የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ መንግስት የአስፈጻሚ አካላት ስልጣንና ተግባር ለመወሰን በወጣው አዋጅ ቁጥር 661/2002 አንቀጽ 3/3 ለክልል ጤና ቢሮ በተሰጠው ስልጣንና ተግባር መሠረት፡-

ብሩክ ዳንኤል ነጋሽ

ተገቢውን የብቃት ደረጃ አሟልተው **በጁኒየር ሚድዋይፈሪ ፕሮፌሽናል** ተመዝግበው ይህን የሙያ ምዝገባና የሥራ ፈቃድ ምስክር ወረቀት ተሰጥቷል፡፡

ሽለሙ ድልጋሳ (BSc)
የፌቃድ አሰጣጥና ምዘገባ አስተባባሪ

ቀን 29/02/2015

የኃላፊው ፊርማ

ማስጠንቀቂያ

- የሙያ ምዝገባና የሥራ ፍቃድ ምስክር ወረቀት
- የሙያ ምዝገባና የሥራ ፍቃድ ምስክር ወረቀት በየአምስት ዓመቱ መታደስ አለበት፡፡
- ስምና ፎቶግራፍ ከተገለፀው ሰው በስተቀር ሌላ አካል ሊገለገልበት አይገባም፡፡
- በማንኛውም ምክንያት ቢጠፋ ወዲያውኑ የማሳወቅ ግዴታ አለብዎት፡፡

PROFESSIONAL REGISTRATION AND LICENSING CERTIFICATE

The Regional Health Bureau by Virtue of the power vested in it by the Definitions of powers and Duties of the Executive Organs of Federal Democratic Republic of Ethiopia proclamation Number 661/2009 Article 30(3)

BIRUK DANIEL NEGASH

Having Duly Satisfied the requirements hereby registered and license as

JUNIOR MIDWIFERY PROFESSIONAL

Signature of the authorized Personnel

Date (Gregorian) 08/11/2022

N.B

- This certificate shall be renewed **every five** years.
- Is **unlawful** if it is found being used by another person.
- Holder is required to **notify** as soon as the certificate is lost.

Original Fudhadheera

Whenever applicable Name checked from university's list or "COC" or "CPD" by:-
Checked By ______
COC ______
Licensure exam No #90
CPD (# of CEUs) ______
Signature ______

Registration No:- JM10 ___ /103,701/ 2011
RPL:- 816

I. REGISTATION REQUIREMENT FOR HEALTH PROFESSIONALS

1. Curriculum Viet (one copy) and tow passport size photos.
2. Current license from country of origin /not applicable for new graduates with in the country.
3. A letter of testimonial of e30thics, and character and length of experience with the official appointment held.
4. English language proficiency certificate/applicable for foreign applicants.
5. Health certificate.

II. REGISTRATION (TO BE FILED BY OFFICIALS ONLY)

1. Name of applicant.
   Biruk (1st) Daniel (2nd) Negash (3rd)
2. The applicant is approved for registration.
3. as Junior midwifery professional
4. Comments and other observations if any. ______
5. Restriction waived ______
6. Temporary Registration ______ in order to get familiarized and be fully exposed to local health problem and medical practices.
   To work under supervision in order to get familiarized and be fully exposed to local health problem and medical practices. Date 29/2/2010 (8/11/2022)
7. Approval Meeting No 816

III. MEMBERS OF THE REGISTRATION AND LICENSNG COMMITTEE

S.No	Name	Responsiblity	Signature	Remark
1	Sheleme Dilgassa	Member		
2	Bizunesh Moyaa	Member		
4	Abdata kakaba	Member		
5	Assefa Beyi	Member		
6	Sonan Desalegn	Member		
7	Emabet Tesfaye	Member		
8	Tigist Tasfaye	Member		
9	Marta Getahun	Member		
10	Tamene Kumsa	Member		
11	Shimalis Sori	Member		
12	Yenesheet Bekele	Member		
13	Mulgeta Olika	Member		
14	Girma Tujuba			
15				
16				

METTU UNIVERSITY

መቱ ዩኒቨርሲቲ

OFFICE OF THE REGISTRAR

ሬጅስትራር ጽ/ቤት

ለሚመለከተው ሁሉ

አቶ ብሩክ ዳንኤል ነጋሽ የባችለር ሳይንስ ዲግሪ በሚድዋይፈሪ ሰኔ 23, 2014 ዓ.ም በመመረቃቸው ይህ የምስክር ወረቀት ተሰጥቷቸዋል። ውጤታቸውም በአጠ ቃላይ 3.67 መሆኑን እየገለፅን፤ ዋናው ዲግሪና ትራንስክሪፕት በወጪ መጋራት ውል መሰረት ግዴታቸውን ሲወጡ የሚሰጣቸው ይሆናል።

To Whom It May Concern

The Certificate is issued to Mr **BIRUK DANIEL NEGASH** upon his/her graduation **B.Sc. in Midwifery (Regular)** on June 30, **2022.** His/Her CGPA is **3.67.** The original Diploma and Transcript will be issued upon the discharge of cost sharing duty.

ከሠላምታ ጋር

Sincerely

University Registrar

06/07/2022 G.C

318
MeU, ETHIOPIA

main.registrar@meu.edu.et

http://www.meu.edu.et