



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: