TANZANIA NURSING AND MIDWIFERY COUNCIL
P.O Box 1736 DODOMA, Tel No. +255737962691 Zonal Office:+255789785947

APPLICATION FOR LICENSURE EXAMINATION (LE) AND REGISTRATION/ENROLMENT

1. **Personal Particulars:** *Full Names as they appear in your certificates of Secondary Education/Licence*

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First *Middle* *Last*

Date of Birth ……/……/…… Sex …… Nationality.....

Permanent Address..... National ID No:….....

Telephone Number: ...……..…… Email……..

2. **Academic and Licensure Information:**

Name of Health Training Institute… ……...…….

Address ……..…….……..

Training Dates from (month and year) ……..…… to (month and year) ……..……

Qualifying award …….....

Ordinary Level (CSEE) Index No:…..……..…… Year ……TNMC Index No……..……..

Date of LE: (1st attempt) ……Month …..…Year……..… Exam Centre: ……..……..

Re-Sit date : ……Month…..……Year…..… Indicate if: 2nd attempt ☐ 3rd attempt ☐ 4th attempt ☐

Current LE Centre applied:.…….…….……

(For In-service Nurses/Midwives)

Name of previous Health Training Institute: ……..……..…….……...

Year of completion (month and year) …… Category of Registration……..……...…

Current License number…… Expiry Date: …….…… Current Employer:…….……

(For Post Internship)

Internship Centre……... Internship Duration: From …… to …….……..

Provisional Registered as …….…… Reg. Number ……..…… Date: …….

3. **Type of admission applied (Tick appropriate)**

a) Full registration ( ) (b) Enrollment ( )

I certify to my knowledge that the above information is true and accurate:

Signature of the Applicant ……..……Date ……

Note: Payment and fees structure

Payment should be made through **Government Electronic Payment Gateway (GePG)** after obtaining control number from TNMC and deposit the fee charged at any NBC, NMB Branch/Bank Agent or by using Mobile Network Services

a) Licensure Examination (LE) TShs. 150,000/= for Citizen and 250,000 for Non Citizen
b) Late Payment (LE) TShs. 200,000/= for Citizen and 250,000/- for Non Citizen
c) Supplementary (LE) TShs. 75,000/= for Citizen and 125,000/- for Non Citizen

Attachments

- Four (4) Standard Passport Size Photograph
- Copy of current license for In-Service applicants
- Certificate of award from Internship Centre for Interns and Provisional Registration Certificate

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For TNMC Office Use Only

Licence No:_____

Registration/Enrollment Number(s) [Select Appropriate category]

Nursing _____ Midwifery _____ Date :_____

Other part (specify): _____ Number: _____ Date: _____