



TANZANIA NURSING AND MIDWIFERY COUNCIL
P. O. BOX 1736, DODOMA, TANZANIA

**INFORMATION RELATIVE TO APPLICATION FOR LICENSURE AS REGISTERED NURSE/MIDWIFE
FOR NURSES WHO WERE TRAINED OUTSIDE TANZANIA**

Licensure in Tanzania is required in order to practice nursing/midwifery as legally defined. Requirements and qualifications for licensure include:

1. Good physical and mental health
2. Graduation from an approved school of nursing which offered courses and instructions equivalent or not inferior to Tanzania requirements
3. Licensure in the country you attended the nursing instruction
4. Unrevoked license in all jurisdictions in which a license is or has been held
5. If your license has not been current or you have not been actively engaged in nursing practices within the past five years you may have to complete Tanzania Nurses and Midwives Council approved refresher course before your application is considered
6. Application forms will be submitted to Tanzania Nursing and Midwifery Council attached with the evidence of paid prescribes fee as indicated below. All payment will be done through GePG using a generated control number.
 - a. Nurse staying in Tanzania for a period of **not more than 20 days** - **Tshs 230,000**
 - b. Nurse staying in Tanzania for a period of **not more than 3 months** - **Tshs 350,000**
 - c. Nurse staying in Tanzania for a period of **more than 3 months** - **Tshs 500,000**
7. Submit fully filled application form.
8. Submit certified photocopies of your certificates, licences and transcript. If they are not in English, they should be translated.
9. As part of the registration process, we will contact all countries in which a current licence is held. The Council reserves the right to check with all countries in which the applicant have ever been licenced.
10. Submit two passport size recent photographs black and white or colored.
11. Submit a letter from your anticipated employer in Tanzania.
12. Please allow at least two weeks to process your registration upon reception of all required documents. All communications should be addressed to:

The Registrar
Tanzania Nursing and Midwifery Council
P.O.BOX 1736
DODOMA
Email info@tnmc.go.tz

Or Kibaha TNMC Resource Centre
S.L.P 6632
DAR ESALAAM
Mobile : 255789785947
Telephone : 255 22 212 1974



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APPLICATION FOR LICENSURE AS REGISTERED NURSE/MIDWIFE FOR OVERSEAS GRADUATES
DO NOT FILL OUT THIS SPACE

Application Received 20... Paid on, 20.... Amount

Registered in Tanzania on Certificate No.

PART 1

1. Full name: Miss/Mrs./Mr.

First
Middle
Last
2. Maiden Name
3. Address to which you wish licence sent
4. Your permanent address in Tanzania
 Tel: No..... E-mail:
5. Date of Birth 6. Sex 7. Nationality
8. Languages (a) Spoken: (b) Written:
9. Nursing Professional Information:

Name of Institution	Trained from (Month/Year)	Up to (Month/Year)	Qualifying Award

10. Current Lincese Information:
 Country of Licensure: License No. Expiry Date:

List all countries/states in which you have ever been licensed, date and numbers

- 1.
- 2.

Have you ever been Registered/Licensed in Tanzania Yes No

If Yes, Registration No. License No. (*Attach photocopy*)

11. Have you ever had, or do you have pending, any action against a nursing license issued to you? This includes revocation, suspension, restriction, probation, reprimand, censure or any other disciplinary proceedings. (Attach explanation if yes)

Yes No

12. Have you ever been convicted of a misdemeanor/felony? (*excluding minor traffic violations*)

Yes No

.....

13. Last three employers

DATES OF EMPLOYMENT	NAME AND COMPLETE ADDRESS OF EMPLOYER	POSITION HELD

14. Anticipated Employer in Tanzania

15. REFERENCES

Please give us two names and addresses of referees for your profession and character

1. Name:

Address:

2. Name:

Address:

PART 2:

I certify that I am the person referred to in the foregoing application for as a in Tanzania, that the statements herein contained are true in every respect; that I complied with all requirements of the new. **Falsification of any information contained on this application may result in denial of license and/or administrative action.**

Date:
 Day Month Year

Applicant Signature:



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SCHOOL OF NURSING TRANSCRIPT FORM FOR OVERSEAS APPLICANT

TO APPLICANT: THE TRANSCRIPT IS NOT ACCEPTABLE IF RECEIVED FROM APPLICANT
Complete section I, Mail one form (or photocopy of form) to each School of Nursing you attended, to be
completed by the school and returned directly to this office.

SECTION I

Name First Second Last/Surname
Date of Birth:
Name and address of overseas training institution at which applicant qualified:
Month/Year of Nursing School Training From: To:
Signature of applicant

II. TO THE HEAD OF SCHOOL OF NURSING
This transcript form is part of the above - named person's application for registration with our Council.
Please fill in all THEORY AND CLINICAL PRACTICE as it applies to the programme of study she/he
undertook at your school and return directly to Tanzania Nursing and Midwifery Council.

Name of applicant: Date of Birth:
School of Nursing: Date of Admission:
School mailing address: Date of Graduation:
Type of Award: Certificate Diploma Degree MSc PhD
Is the School of Nursing approved/accredited by the Government: YES NO
Total years of School Applicant attended before Nursing School

RECORD OF HOURS OF CLASS INSTRUCTION AND CLINICAL PRACTISE

Table with 3 columns: SUBJECTS, HOURS OF INSTRUCTION, WEEKS OF CLINICAL PRACTISE. Includes rows for Medical, Surgical Nursing, Psychiatric Nursing, Obsteric Nursing, Community Health, Basic Sciences, Others (Please Specify). A central box contains the text 'Please attach'.

I certify that the above is true records of the applicant and that the applicant satisfactory completed the
course.

School Seal or
Stamp

Signed by Name:
Signature
Title:



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VERIFICATION OF REGISTRATION/LICENSURE FORM FOR OVERSEAS APPLICANT

A: INSTRUCTIONS TO APPLICANT

Complete the top portion of this form. **Send this form to country of original licensure by examination.** Your country of original licensure will return this form directly to the "Tanzania Nurses and Midwives Council".

Present Name:

Name on Original License:

Present Address:

Country of Original Licensure: Original License Number:

Date Issued: Expiry Date:

Signature: Date:

B: THIS SECTION IS TO BE FILLED OUT BY AN OFFICER OF THE ORIGINAL REGISTRATION AUTHORITY AND SENT DIRECTLY TO THE REGISTRAR, TANZANIA NURSING AND MIDWIFERY COUNCIL

Name of Authority:

Address:

1. Name of Applicant:

2. Licence Number 3. Date of Registration

4. Name of School she/he trained

5. Was the School of Nursing approved by the nursing Board at the time this applicant graduated?
YES No Date of Graduation:

6. Award received: Certificate Diploma Associate Degree
Degree MSc PhD

7. The applicant was licensed by this Board/Council by:
Examination: Waiver: Endorsement:

8. Date of Original Licensure 9. Registration Number

10. Current Licence Status: Active Inactive Not Current

11. Expiration date of current/last active licence:

12. Has professional disciplinary action ever taken against the applicant Yes No
(If Yes. Explain)



Name:

Signature:

Title: