



TANZANIA NURSING AND MIDWIFERY COUNCIL

P. O. BOX 6632, DAR ES SALAAM, TEL: NO. 022 2121974, MOB: 0789 785 947

Nursing License Renewal Application Form

(Pursuant to section 20 (3) of Nursing and Midwifery (Registration Enrolment and Licensing) Regulations requiring renewal of licences after every three years)

Full Names (block letters)
 (As it appears in your current licence) **First** **Middle** **Last**

Current Level of Nursing Education
 (Certificate, Diploma, Degree, Masters PhD etc.)

Current Licence Details
 (a) Registered Licence No: _____ (b) Enrolled Licence No: _____

Contact
 P.O. Box Email:
 District Region
 Tel. No. [Mob.]..... Landline.
Work Station:

Permanent Address in Tanzania (if different from above)

Work Status: (Tick as appropriate)

Public	<input type="checkbox"/>		
Private	<input type="checkbox"/>	Self	<input type="checkbox"/>
Faith Based Organisation	<input type="checkbox"/>	Retired	<input type="checkbox"/>
NGO	<input type="checkbox"/>	Others	

Continuing Professional Development (CPD)
 Have you attended any continuing Education session in the past three years?
 Yes No
 If YES, mention type and name of Course Attended (attach certificates if applicable)

 If NO, give reasons

Professional Association
 Are you an active member of any Professional Nursing Association?
 Yes No
 If YES, state your membership card number

I verify that to my knowledge the information given in this form is true and correct

Signature of the Applicant: Date:

- Note**
1. It is a legal requirement to renew nurses' licence after every three years.
 2. A fee of TShs.40,000/= for Registered Nurse and T.Shs. 30,000 for Enrolled Nurses shall be paid if the form is submitted before 31st March, 2011.
 3. A fee of TShs.50,000/= for Registered Nurse and T.Shs. 40,000 for Enrolled Nurses shall be paid if the form is submitted between 1/04/ 2011 – 30/6/2011.
 4. A fee of TShs.80,000/= for Registered Nurse and T.Shs. 60,000 for Enrolled Nurses shall be paid if this form is submitted after 30/6/2011.
 5. The original licence shall be kept by the licensee for future reference.
 6. This form shall be filled in triplicate if submitted at District Level, in Duplicate at Regional Level/Consultant Hospital Level. A copy shall be retained at each level and original should be sent to Tanzania Nursing and Midwifery Council.
 7. A copy of previous issued licence shall be attached with this form
 8. Attach Bank Pay in slip
 9. Payment shall be paid through: **NBC Ltd, Corporate Branch - A/C No. 011103005663**
OR **NMB, NMB House Branch - A/C No. 2231300043**

FOR OFFICIAL USE

Verification

I verify that I have inspected certificates for CPD declared above and found them authentic

1. Name of the District Nursing Officer:

Signature and Stamp: Date:

2. Name of the Regional Nursing Officer:

Signature and Stamp: Date: