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Registrar,
Tanzania Nursing and Midwifery Council
P. O. BOX 6632
DAR ES SALAAM

Website: www.tnmc.go.tz

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INTRODUCTION

The Tanzania Nursing and Midwifery Council (TNMC) was established by Act of parliament No. 1 of 2010. TNMC as professional regulatory authority has the mandatory to protect, promote and preserve public health, safety and welfare through regulation and control of nursing and midwifery education and practice.

Vision

To have excellent regulatory authority that ensures professional nursing and midwifery practice for public health safety.

Mission

To oversee the provision, protection, promotion and preservation of the public health and safety through regulation and control of nursing and midwifery education and practice.

Values

- Diligence to duty
- Maintaining and ensuring Excellency
- Loyalty to authority in general
- Abide to other relevant code of conduct, e.g. The Public service code of conduct
- Integrity
- Courtesy to clients
- Respect for the law
- Proper use of official information
- Team work spirit
- Compassion
Functions

Under section 6 of the Act establishing the Council, Some of the functions of Tanzania Nursing and midwifery Council are to:

- Register and enroll duly qualified applicants by examination, endorsement, reinstatement of fulfilling any other requirement;
- Establish standards of proficiency necessary to be admitted to the different parts of the Register or Roll;
- Evaluate nursing education programs and approve such programs to meet the Councils’ requirement;
- Issue, renew, replace and cancel nursing and midwifery practicing licences;
- Caution, censure, order the suspension from practice, or order the removal or restoration from the Register or Roll of the name of any registered nurse or midwife or enrolled nurse or midwife for malpractice, negligence or professional misconduct;
- Prescribe standards and conditions for establishing private nursing or midwifery services including nursing homes, nursing clinics, maternity homes and maternity clinics;

Continuing Professional Development

The TNMC training regulation in section 28 requires Nurses and Midwives to maintain an authenticated record of CPD as a requirement for license renewal in order to maintain their professional standards and competencies.

In line with CPD guideline, TNMC has developed Logbook for the purpose of recording Continuing Professional Development (CPD) activities and credits achieved by nurses and midwives in the prescribed period.

The activities of CPD are related to the role of a nurse or a midwife that enhances professional practice. Therefore, it is necessary that the nurse or a midwife includes learning needs/plans in the logbook that illustrates how the CPD activity contributed to the development of professional practice. Keeping the evidence or support document/s such as certificate is important for the verification process.
INSTRUCTIONS ON THE USE OF LOG BOOK

1. Use official names as appears in the registration, certificates and license

2. Record and sign all the continuing education hours immediately after every session

3. Use the logbook for continuing education topics/activities that are relevant to nursing field

4. Present the logbook to supervisors for approval before renewal of practice license.

5. Obtain a minimum of 30 points of continuing education in three years i.e. ten (10) point in a year. CPD points will be allocated following active learning for different activities

6. It is an offence to present false information in this logbook

7. Submit the summary sheet of CPD points with licensure renewal application form

**NB:** Keep your logbook for evidence at least for a period of 5 years
PERSONAL BIODATA

Full Name: (as per Registration) -----------------------------------------------

Sex: Female ☐     Male ☐

Category for Registration: RN….. EN…… (Please tick)

Part of Registration: --------------- Registration Number: ----------------------

Part of Registration: --------------- Registration Number: ----------------------

Part of Registration: --------------- Registration Number: ----------------------

License Number: -------------------------------

Contacts: Mobile .................................................................

Office telephone: ...............................................................

email/fax: .................................................................

Places of work in current CPD years:

1. .................................................................

2. .................................................................

3. .................................................................
## PLANNING CPD NEEDS AND RATIONALE

<table>
<thead>
<tr>
<th>Date</th>
<th>Planned activities for the first, second and the third year?</th>
<th>How are they related to professional practice/rationale</th>
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# Continuing Professional Development Logbook for Nurses and Midwives in Tanzania

## Record of CPD Activities

<table>
<thead>
<tr>
<th>DATES</th>
<th>CPD Activity Description/Topic Covered</th>
<th>Venue</th>
<th>Name and Sign of Course Organiser/Facilitator</th>
<th>Contact Hours</th>
<th>Points Scored</th>
<th>Venues Name and Sign of Course Organiser/Facilitator</th>
<th>Signature &amp; Date, Stamp</th>
<th>Supervisors/Facilitator Name</th>
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TO BE FILLED BY A NURSE OR MIDWIFE

TO BE FILLED BY FACILITATOR/NURSE MANAGER/SUPERVISOR
SUMMARY OF CPD POINTS SUBMITTED

TO: REGISTRAR; TNMC

Individual summary of CPD points achieved and submitted from the year .......... to ..........

Full Name of a Nurse: (as per Registration/certificates) ----------------------------

Category for Registration: RN..... EN....... (Please tick)

Part of Registration: ------------------ Registration Number: -------------------

Part of Registration: ------------------ Registration Number: -------------------

Part of Registration: ------------------ Registration Number: -------------------

License Number: -------------------------------

Places of Work in Current CPD years:

1. ..............................................................
2. ..............................................................
3. ..............................................................

Total Point achieved for CPD ..........................................

Supervisor’s Name: ............

Supervisee signature: .................

Date: ................................................. Official stamp: