



**TANZANIA NURSING AND MIDWIFERY COUNCIL**  
P. O. BOX 6632, DAR ES SALAAM, 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 licence is or has been held
5. If your licence 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. On submission of the application form, pay registration fees to Tanzania Nursing and Midwifery Council as follows payable at **NBC A/C No. 011103005663**:

**Foreign Nurses**

- |  |   |         |
|--|---|---------|
| a. Nurse staying in Tanzania for a period of <b>not more than 10 days</b>  | - | USD 100 |
| b. Nurse staying in Tanzania for a period of <b>not more than 3 months</b> | - | USD 200 |
| c. Nurse staying in Tanzania for a period of <b>more than 3 months</b>     | - | USD 250 |
| d. Tanzania Nurses who studied overseas (outside Tanzania)                 | - | USD 250 |

**NOTE** As we are facing difficulties in cashing foreign currency cheque, we would like to receive all payments in equivalent Tanzania shillings (exchange rate should be attached) or local foreign currency cheque deposited into TNMC account.

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 your CV and two (2) recent passport size photographs black and white or colored.
11. Submit a letter (offer) from your anticipated employer or host in Tanzania.
12. Please allow at least two weeks to process your registration upon reception of all required documents.
13. All communications should be addressed to:

	The Registrar
	Tanzania Nursing and Midwifery Council
	Samora Avenue, Extelcom Bldg. 10 <sup>th</sup> Floor
Telephone:	+255 022 2121974
Mobile:	+255 789 785947
Fax:	+255 022 2133975
Email:	<a href="mailto:nursingcouncil@yahoo.com">nursingcouncil@yahoo.com</a>
	P. O. Box 6632
	DAR ES SALAAM,
	TANZANIA

Title: .....





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**VERIFICATION OF REGISTRATION/LICENSURE FORM FOR NURSES TRAINED OUTSIDE TANZANIA**

**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: .....

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**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) .....

OFFICIAL SEAL  
OR STAMP

Name: .....  
Signature: .....  
Title: .....



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**APPLICATION FOR LICENSURE AS REGISTERED NURSE/MIDWIFE FOR NURSES TRAINED  
OUTSIDE TANZANIA**

**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: .....

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#### 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: .....