

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:

- Good physical and mental health 1.
- 2. Graduation from an approved school of nursing which offered courses and instructions equivalent or not inferior to Tanzania requirements
- Licensure in the country you attended the nursing instruction 3.
- Unrevoked license in all jurisdictions in which a licence is or has been held 4.
- If your licence has not been current or you have not been actively engaged in nursing practices within 5. the past five years you may have to complete Tanzania Nurses and Midwives Council approved refresher course before your application is considered
- On submission of the application form, pay registration fees to Tanzania Nursing and Midwifery 6. Council as follows payable at NBC A/C No. 011103005663:

Foreign Nurses

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

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

- Submit fully filled application form. 7.
- Submit certified photocopies of your certificates, licences and transcript. If they are not in English, 8. they should be translated.
- As part of the registration process, we will contact all countries in which a current licence is held. The 9. Council reserves the right to check with all countries in which the applicant have ever been licenced.
- 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. 10th Floor

Mobile:

Telephone:

+255 022 2121974 +255 789 785947

P. O. Box 6632

Fax:

+255 022 2133975

DAR ES SALAAM,

Email:

nursingcouncil@yahoo.com TANZANIA



TANZANIA NURSING AND MIDWIFERY COUNCIL P. O. BOX 6632, DAR ES SALAAM, TANZANIA

SCHOOL OF NURSING TRANSCRIPT FORM FOR NURSES WHO WERE TRAINED OUTSIDE TANZANIA

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 Last/Surname First Second 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. Date of Birth: Name of applicant: Date of Admission: School of Nursing: School mailing address:Date of Graduation: Type of Award: Certificate Diploma Degree MSc PhD YES NO Is the School of Nursing approved/accredited by the Government: Total years of School Applicant attended before Nursing School RECORD OF HOURS OF CLASS INSTRUCTION AND CLINICAL PRACTISE WEEKS OF CLINICAL **SUBJECTS** HOURS OF INSTRUCTION PRACTISE Medical Surgical Nursing Psychiatric Nursing Please attach Obsteric Nursing Community Health Basic Sciences Others (Please Specify) I certify that the above is true records of the applicant and that the applicant satisfactory completed the course. School Seal or Signed by Name: Stamp Signature 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:					
В:	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					
	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 Name:					
	OR STAMP Signature:					
	Tittle:					



TANZANIA NURSING AND MIDWIFERY COUNCIL P. O. Box 6632, Dar es Salaam, Tanzania

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

DO NOT FILL OUT THIS SPACE								
Application Received								
Registered in Tanzania on Certificate No								
PART 1								
1	Full name: Miss/Mrs./Mr.							
١.	First	Middle		Last				
2.	Maiden Name							
3.	Address to which you wish licence sent		.,					
4.	4. Your permanent address in Tanzania							
	Tel: No	E-	-mail:					
5	Date of Birth 6.	Sex	7. Nationality					
8.	Languages (a) Spoken:		o) Written:					
0.								
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/Lice	nsed in Tanzar	nia Yes		No			
If Yes, Registration No		License No.		(Attac	ch 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)							
processing or (construction)	Yes		N	D			
12. Have you ever been convicted of a	misdemeanor/f	elony? (exclud	ding mind	r traffic vic	olations)		
	Yes		N]		
13. Last three employers							
		OMPLETE	ı	DOCITION	VILLED		
DATES OF EMPLOYMENT	NAME AND O	F EMPLOYER	}	POSITION HELD			
				-			
14. Anticipated Employer in Tanzania							
15. REFERENCES							
Please give us two names and addr	esses of refere	es for your pro	fession a	nd charact	ter		
1. Name:							
Address:							
2. Name:							
Address:							
PART 2:							
I certify that I am the person referred to in the foregoing application for							
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 Mo	onth Y						
Applicant Signature:							