

**TANZANIA NURSES AND MIDWIVES COUNCIL
P.O. BOX 9083, DAR ES SALAAM, TANZANIA**

INFORMATION RELATIVE TO APPLICATIONS FOR CERTIFICATE AS REGISTERED NURSE
FOR OVERSEAS GRADUATES

Registration in Tanzania is required prior to employment for practice of nursing as legally defined. Requirements and qualifications for registration 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 services within the past five years you may have to complete Tanzania Nurses and Midwives approved refresher course before you application is considered
6. **Pay to the Tanzania Nurses and Midwives Council, at the time of submitting the application a NON REFUNDABLE FEE OF TWO HUNDRED (200) US DOLLARS. As we are facing difficulties in cashing foreign currency cheques, we would like to receive all payment in equivalent Tanzanian shillings or hard cash in foreign currency. Please note to check with Paula or Mary Ellen to find out the current fee amount since this is subject to change without notice.**
7. Complete all information on the application.
8. Submit certified photocopies of your certificates, licenses and transcript. If they are not English, they should be translated.
9. As part of the registration process, we will contact all countries in which a current license is held. The Council reserves the right to check with all countries in which the applicant has ever been licensed.
10. **Two passport size photographs, black and white or colored.**
11. Letter from your anticipated employer in Tanzania.
12. Please allow at least 6-8 weeks to process your registration.
13. All communications should be addressed to:
The Registrar
Tanzania Nurses and Midwives Council
P.O. Box 9083
Dar es Salaam, Tanzania

TANGANYIKA NURSES AND MIDWIVES COUNCIL
P.O. Box 9083, Dar es Salaam, Tanzania

APPLICATION FOR REGISTRATION BY NURSE TRAINED OVERSEAS

DO NOT FILL OUT THIS SPACE			
Application Received.....20__	Paid20,__		
Registered in Tanzania.....20__	Certificate No.....		

Part 1:

I hereby apply to the Tanganyika Nurses and Midwives Council for license as a Registered _____

1. Full name: Miss/Mrs/Mr.
First Middle Last Maiden

2. Address to which you wish license sent:.....

3. Your permanent address in Tanzania

4. Place of Birth Date of Birth.....

5. Nationality

6. Languages (a) Spoken..... (b) Written

7. Graduate of School of Nursing
 Address.....

 Year of Graduation

Qualifying Award:
 BSN Associate Degree in Nursing Diploma Other (specify)

8. Country of CURRENT or LAST ACTIVE licensure:
 Expiration Date:

9. 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.....

List all countries/states in which you have ever been licensed.

State/Country License Number If Yes, License No.....
.....
.....
.....

Have you ever been licensed in Tanzania?
Yes.....No.....If Yes, License No.....

10. Have you ever been convicted of a misdemeanor/felony? (Excluding traffic violations)
YES.....NO.....

11. LAST THREE EMPLOYERS (LIST LAST EMPLOYMENT FIRST)

INCLUSIVE DATES OF EMPLOYMENT	NAME AND COMPLETE ADDRESS OF EMPLOYER	POSITION HELD

Anticipated Employer in Tanzania

12. REFERENCES

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

1. Name.....
Address.....

2. Name.....
Address.....

PART II:

I certify that I am the person referred to in the foregoing application for registration 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 IN THIS APPLICATION MAY RESULT IN DENIAL OF LICENSE AND/OR ADMINISTRATIVE ACTION.

Date:.....
Day Month Year

Applicant Signature:.....

TANGANYIKA NURSES AND MIDWIVES COUNCIL
P.O. BOX 9083, DAR ES SALAAM, TANZANIA

VERIFICATION OF REGISTERED NURSE REGISTRATION
(FOR APPLICANTS TRAINED OVERSEAS)

A. INSTRUCTIONS TO THE 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 "TangaNyika Nurses and Midwives Council."

Present Name.....Name on Original
License:.....
Maiden Name.....
Present
Address.....
Country of Original
Licensure.....
Original License Number.....Date Issued.....

Signature.....Date.....

B. THIS SECTION IS TO BE FILLED OUT BY AN OFFICER OF THE ORIGINAL REGISTRATION AUTHORITY AND SENT DIRECTLY TO THE REGISTRAR, TANGANYIKA NURSES AND MIDWIVES COUNCIL.

Name:.....
Address:.....

C. SCHOOL OF NURSING

School of Nursing.....
Was the School of nursing approved by the Nursing Board/Council at the time this application graduated?.....
Date of Graduation.....
Received:
Diploma/Certificate.....Associate Degree.....Other.....

D. REGISTRATION

This applicant was licensed by this Board/Council by:

Examination..... Waver:..... Endorsement.....

Date of Original Licensure..... Registration Number.....

Current License Status:

Active..... Inactive..... Not Current.....

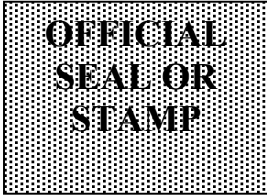
Expiration date of Current/Last active license:

Has professional disciplinary action ever be taken against the applicant?

Yes..... No..... (If Yes, Explain.)

IN WHICH language was the course conducted?

English Any other.....



Name:

Signature:

Authority:.....

TANGANYIKA NURSES AND MIDWIVES COUNCIL
P.O. BOX 9083, DAR ES SALAAM, TANZANIA

APPLICATION FOR REGISTRATION

SCHOOL OF NURSING TRANSCRIPT FORM FOR OVERSEAS APPLICANTS FOR REGISTRATION

TO APPLICANT

Complete section 1, print in ink. 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. THE TRANSCRIPT IS NOT ACCEPTABLE IF RECEIVED FROM APPLICANT.

Name Maiden Name
First Second Last (Surname)

Mailing Address

Month/Year of Nursing School Training
From To
Month Year Month Year

Date of Birth:
Day Month Year

Name and Address of overseas training institution at which applicant qualified:
.....

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 Tanganyika Nurses and Midwives Council. Use typewrite of print in ink.

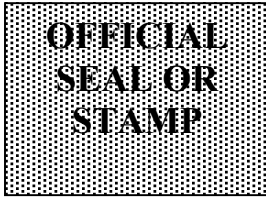
Name of Applicant: Date of Birth.....
School of Nursing:..... Date of Admission:.....
School Mailing Address..... Date of Graduation:.....

Applicant received Certificate [] Diploma [] Degree []

Government Approved School of Nursing YES/NO
Total years of school applicant attended before Nursing School

Table with 3 columns: SUBJECTS, HOURS OF INSTRUCTION, WEEKS OF CLINICAL PRACTICE. Rows include Medical Surgical Nursing, Psychiatric Nursing, Obstetric Nursing, Community Health, Basic Sciences, and Others (Please Specify).

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



Signed by:

TITLE:.....