



Continuing Professional Development (CPD) Programme Report

Name of hospital/college/organisation: _____

Name, Phone number & Email address of CPD coordinator completing the report:

Date: _____

Please give details of CPD activities undertaken by staff at your facility over the past 6 months
July – December _____ (year) or January – June _____ (year)

Internal/in-service activities

External activities

Have all nurses and midwives fulfilled their CPD requirements and renewed their license at the

NMCM? Yes No

If no, please state reasons therefore: _____

Please give details of any problems or difficulties that have been experienced. If any, how have you overcome those.

Please document any other information you would like to share with The Council – for example any shared activities with other CPDC/CPD sites, information you need or have to share with others, any successes or particular achievements of staff etc.

Signed: _____
(CPD Coordinator)

Signed and stamped: _____
(Manager)

Date: _____

Please ensure that this report is delivered or sent by post, email or fax to the NMCM by the 15th December (half year report) and 15th June (end of year report).

Thank you.

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