

NURSES AND MIDWIVES COUNCIL OF MALAWI

All correspondence to be addressed to The Registrar



P.O. BOX 30361
CAPITAL CITY
LILONGWE 3
MALAWI
TEL: 772044/772730
FAX: 773 932
E-mail nmcm@nmcm.org.mw

To: DNOs, line managers and CPD coordinators

Proof of fulfilment of the CPD requirements

The renewal of the registration at NMCM for the financial year 2020/2021 is contingent on the payment of registration fees and the proof of fulfilled CPD requirements. This evidence needs to be sent to NMCM before license renewal by either the DNO, line manager or a CPD coordinator.

Once the dual fulfillment for renewal of registration (CPD and payment of registration fee) has been accomplished, the receipt will be stamped green, while if requirements are only partially fulfilled, a red stamp will be used.

Requirements: CPD points required annually by cadre:

CMA: 25

NMT: 30

RNM: 35

Advanced practitioner: 40

The table on page 2 needs to be filled out by the DNO, line manager or a CPD coordinator. It is to evidence that the included nurses/midwives have fulfilled their CPD requirements, and being eligible to renew their licence at NMCM.

Name, position and location of person evidencing the fulfilment of CPD requirements:

Email address and telephone number:

Signature:

Official stamp

List of nurses and midwives working at _____ (facility)

#	Name	Cadre	Registration number	Telephone number/ email	Area of practice	Number of CPD points accumulated
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Name and signature of DNO, line manager or CPD coordinator:

Official stamp