



NOTIFICATION ABOUT CPDC LEAVING

Following CPDC (name and contact details): _____

Holding the position as CPDC since (date): _____

At (health facility): _____

Is leaving on (date): _____

To (health facility, school, retirement, ...): _____

The replacing CPDC: _____

Name: _____

Working at (health facility): _____

Received proper handover on (date): _____

From (name): _____

Is a trained CPDC? Yes No

Date and Signature of leaving CPDC

Date and Signature of new CPDC

Date and Signature of Nursing & Midwifery Officer

To be sent to NMCM either by Email: nmcm@nmcm.org.mw
or post: Nurses and Midwives Council of Malawi
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Capital City Lilongwe

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