# **NURSES AND MIDWIVES COUNCIL OF MALAWI**

**All correspondence to be addressed to the Registrar**

P.O. BOX 30361

 CAPITAL CITY

LILONGWE 3

MALAWI

Tel: 01 772044/772730

Email: [nmcm@nmcm.org.mw](mailto:nmcm@nmcm.org.mw)

Mr/Mrs/Ms ……………………………………………………………………………………

of (facility if employed)..………………………………………………………..…………

E-mail ………………………………………………………………………………………….

Telephone ……………………………………………………………………………………

Year the CPD exemption is requested for …………..…………………………………

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD) EXEMPTION REQUEST FORM**

CPD exemption shall be awarded to nurses/midwives based on the following reasons:

Please tick the responding reason for CPD exemption:

Interns and volunteers working in Malawi for a period of less than 1 year

Retired and / or non-practicing (unemployed) nurses and midwives

Studying a recognized educational programme in a health-related field

Specify: …………………………………………………………………….

(please provide evidence of current enrollment)

Illness (please provide evidence from a medical practitioner)

Suspension since …………………….. (date) to ……………………. (date)

**Approved**

** YES**

** NO**

By: ……………………………………

Date: …………………………………

Signature: …………………………..

Date: ………………………………………

Signature: …………………………………