# **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

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: …………………………………