



## NURSES AND MIDWIVES COUNCIL OF MALAWI

### CODE OF CONDUCT DURING LICENSURE EXAMINATION

The following rules shall apply to all candidates writing Nurses and Midwives Council of Malawi Licensure examination.

Principals, Deans and Heads of Departments should make sure that all candidates applying to write licensure examinations have understood this code and have signed. The code should be sent to Nurses and Midwives Council of Malawi together with Licensure examination application forms.

1. Any candidate who comes to the examination Centre drunk shall not be allowed to write the examinations.
2. Candidates shall be required to report at the examination Centre one (1) hour before the starting time of the examinations.
3. A candidate who comes **before** the elapse of 30 minutes after the examinations has begun shall be allowed into the examination hall. However, no additional time shall be made available for such candidates.
4. Any conversation or conferring between or among candidates shall not be allowed once the examinations have begun.
5. Candidates shall be required to maintain order throughout the examination period. Candidates who incite or cause disorderliness during examinations shall be disqualified.
6. A candidate who cannot be present for an examination can withdraw and notice of withdraw must be sent in writing to NMCM through the training institution with an explanation of the reason, two weeks prior to the examination date.

- 7. If the withdrawal is due to an unpredictable event i.e. illness, injury, or death of a close family member should be supported by documentary evidence.
- 8. A candidate who absents him/herself or reports to the examination room 30 minutes **after** the starting time of the examination shall not be allowed to write the examination.
- 9. A candidate who withdraws on the basis of either absenting him/herself from the examination Centre or reports late (more than 30 minutes) to the examination venue shall, upon being presented by their training institution, be allowed to sit for the next immediate examination.
- 10. A candidate who fails to write the examinations under circumstance outline in and indeed, any other reason whatsoever, shall be required to pay examination fees again.

Name of Candidate.....

Signature.....Date...../...../.....

Name of Principal/Designate.....

Signature.....Date...../...../.....





**APPLICATION FOR ADMISSION OR RE-ADMISSION TO THE PROFESSIONAL NURSE-  
(CHILD HEALTH) EXAMINATION**

**INSTRUCTIONS:**

**Numbers 1 to 12 are to be completed by candidates**

Numbers A to C to be completed by the person  
in charge of the programme

OFFICE USE	
FEE.....	.....
ELIGIBLE.....	.....
EXAM NUMBER.....	.....
EXAM RESULTS.....	.....
MK.....	.....

1. ENCLOSED EXAMINATION FEE.....

2. DATES OF EXAMINATION.....

3. SURNAME.....FIRST NAME.....  
MAIDEN NAME (If Married).....

4. INDEX NUMBER.....NATIONAL ID NUMBER.....

5. DATE PROGRAMME COMMENCED.....

6. PERMANENT HOME ADDRESS:  
VILLAGE.....

T/A.....

DISTRICT.....

7. CONTACT ADDRESS.....  
.....

PHONE NUMBER.....EMAIL ADDRESS.....

8. NAME OF UNIVERSITY/COLLEGE.....

9. REGION AT WHICH EXAMINATION WILL BE TAKEN:

10. NORTH  CENTRE  SOUTH

11. PLEASE TICK EXAMINATION BEING APPLIED FOR:

FIRST ADMISSION  RE-ADMISSION

12. IF READMISSION INDICATE THE NUMBER OF ATTEMPT

SECOND ATTEMPT  THIRD ATTEMPT

FOURTH ATTEMPT  OTHER (PLEASE SPECIFY)

13. IF IT IS NOT THE FIRST ATTEMPT INDICATE THE SPECIFIC EXAMINATION PAPER APPLYING

PAPER ONE

PAPER TWO

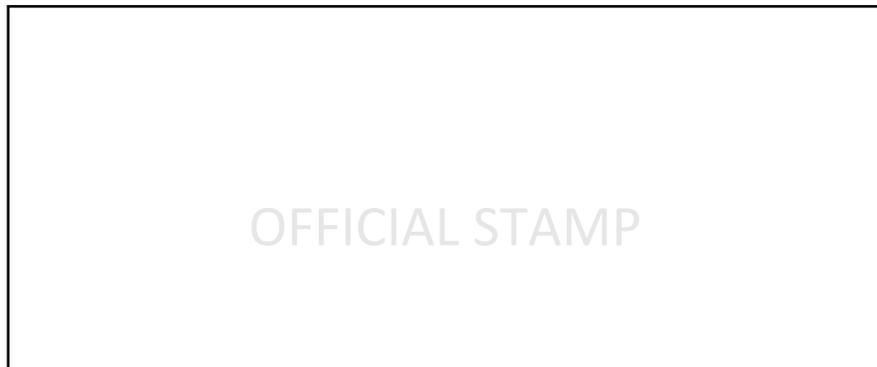
SIGNATURE OF STUDENT:.....DATE:.....

I certify that this form is being submitted subject to the following conditions:

- a. The candidate has completed the required theoretical instructions and clinical experiences.
- b. The candidate has passed the theoretical examination conducted by the school.
- c. The candidate has attained satisfactory performance in clinical nursing.

NAME OF PERSON IN-CHARGE OF PROGRAMME:.....

SIGNATURE.....DATE.....



Return the form to:

The Registrar  
Nurses and Midwives Council of  
Malawi  
P.O. Box 30361  
LILONGWE 3



**APPLICATION FOR REGISTRATION**

I hereby make application for my Name to be entered on the register of Professional Nurses (Child Health) maintained by the Nurses and Midwives Council of Malawi

<b>FOR OFFICIAL USE</b>
FEE PAID MK.....
RECIPT NUMBER.....

Indicate with a  the register which this application is made

Malawi Professional Nurse (Child Health) (AHN)

**STATE CLEARLY**

TYPE OF TRAINING	NAME OF EDUCATIONAL INSTITUTION AND ADDRESS	DATE TRAINING		CERTIFICATE NUMBER (if applicable)
		COMMENCED	COMPLETED	

Enclosed initial Registration fee MK.....Receipt No.....

Student Index Number.....National ID Number.....

Surname.....First Name.....

Other Names.....Maiden Name (if Married).....

Date of Birth...../...../.....

Permanent Home Address:

Village.....T/A.....District.....

Nationality.....

Signature of applicant.....Date...../...../.....

Name of Head of Institution/Designate.....

Signature.....Date...../...../.....



Return the form to:

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Nurses and Midwives Council of  
Malawi  
P.O. Box 30361  
LILONGWE 3



**SUMMARY OF THE PROFESSIONAL NURSE (CHILD HEALTH)-POST-BASIC  
CLINICAL EXPERIENCE**

**INSTRUCTIONS:**

This form must be completed and signed by the Principal or his/her designate of the training institution where the candidate pursued the course.

Name of Institution.....

Address.....

I certify that .....

SURNAME

FIRST NAME

Was indexed by the Nurses and Midwives Council on...../...../.....

Date Course Commenced...../...../.....Date course completed...../...../.....

**SUMMARY OF CLINICAL EXPERIENCE ACQUIRED BY THE CANDIDATE**

<b>CLINICAL SITE</b>	<b>HOURS</b>	<b>TOTAL HOURS COMPLETED</b>
Paediatric Nursing	800	
Paediatric Oncology Nursing	160	
Child Mental health and psychiatric	120	
Critical Care and Trauma Nursing	160	
Neonatology Nursing	240	
Community Child & Adolescent Health Nursing	320	
Clinical Teaching	80	
<b>TOTAL</b>	<b>1920</b>	

N.B. Please indicate clearly where clinical experiences were combined.

### RESULTS OF CLINICAL ASSESSMENTS

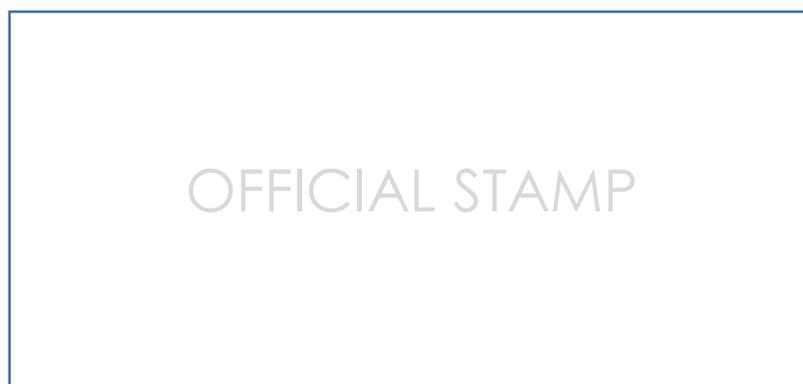
	<b>ASSESSMENT TITLE</b>	<b>NO. OF ENTRIES</b>	<b>RESULTS</b>	<b>COMMENT</b>
1	Care of a sick child at under-five clinic			
2	Care of a Medically ill child			
3	Care of a surgically ill child			
4	Care of a psychiatric paediatric patient			
5	Home visit			

### NURSING CLINICAL EXPERIENCE

	<b>Procedure</b>	<b>No. Required</b>	<b>No. of cases Done</b>
1	Physical assessments (10 male 10 female)	20	
2	Physical assessment of a neonate	20	
3	Suturing and Removal of sutures	5	
4	Wound dressing	20	
5	Pre&Post operative care	5	
6	Screening under-five children	20	
7	Initiating children on CPAP	10	
8	Assessment of a neonate with jaundice	5	
9	Assessment of a pre-term (Ballard score)	5	
10	Resuscitation	10	
11	Care of bedridden children	10	
12	Collecting blood samples for Dry Blood Sample (DBS)-	10	
13	Care of a pre-term baby on KMC	5	
14	Care of children with burns	10	
15	Insertion and removal of urethral catheter	5	

	<b>Procedure</b>	<b>No. Required</b>	<b>No. of cases Done</b>
16	Insertion and removal of oro/nasogastric tube	10	
17	Commence and care for children on blood transfusion	10	
18	Initiate children on ART	5	
19	Care of a child during dialysis	1	
20	Nutritional assessment and initiating NRU feeds	3	
21	Follow up care on a child on SFP or OTP		
22	Provide infant feeding counselling to women	5	
23	Preparation and administration of chemotherapy	5	
24	Care of a child during and after chemotherapy	5	
25	Counselling child and family after abuse	5	
26	Assisting physical examination of a sexually abused child	2	
27	Cannulation for administration of intravenous fluids and medications	20	

Signature of Principal/ Designate:.....Date:...../...../.....



Please Return to:

The Registrar  
Nurses and Midwives  
Council of Malawi  
P.O. Box 30361  
Capital City,  
**LILONGWE 3**