



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-(COMMUNITY HEALTH) POST BASIC 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:

NORTH

CENTRAL

SOUTH

10. PLEASE TICK EXAMINATION BEING APPLIED FOR:

FIRST ADMISSION RE-ADMISSION

11. IF READMISSION INDICATE THE NUMBER OF ATTEMPT

SECOND ATTEMPT THIRD ATTEMPT

FOURTH ATTEMPT OTHER (PLEASE SPECIFY)

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

PAPER ONE

PAPER TWO

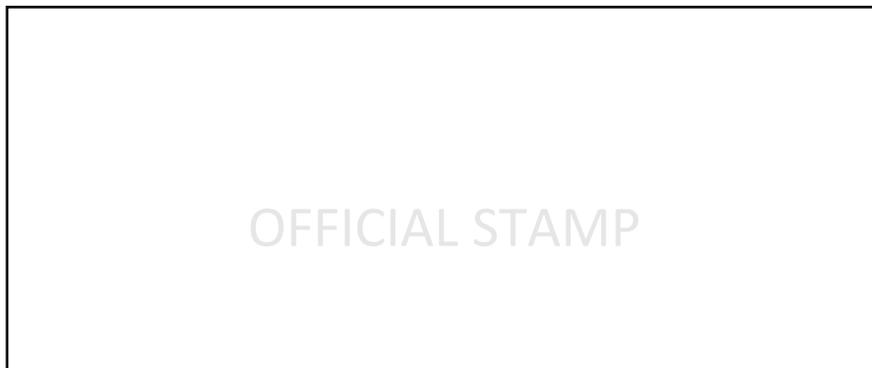
SIGNATURE OF STUDENT:.....DATE:.....

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

MARCH 2025



FORM PB-COMH/B

APPLICATION FOR REGISTRATION

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

FOR OFFICIAL USE
FEE PAID MK.....
RECIPT NUMBER.....

Indicate with a the register which this application is made

Malawi Professional Nurse (Community Health)

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...../...../.....



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



SUMMARY OF THE REGISTERED NURSE 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

CLINICAL SITE	Prescribed Hours	Total Hours Completed
Communicable and Non Communicable diseases	240	
Community Mental Health and Psychiatric	200	
Reproductive Health	200	
Health Promotion	480	
Clinical Teaching	80	
Human Nutrition	80	
Home Health Care	160	
TOTAL	1920	

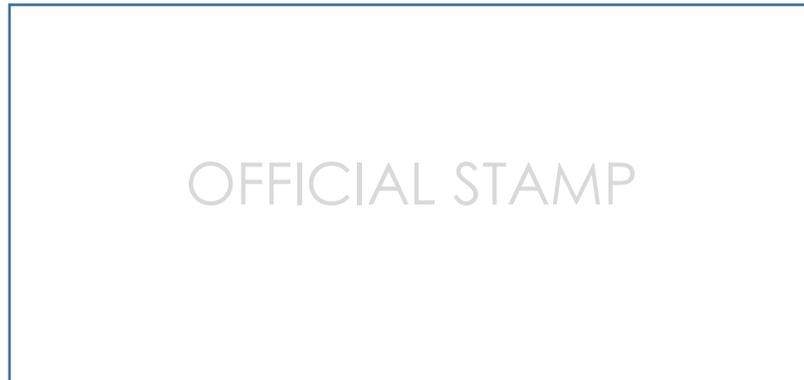
N.B. Please indicate clearly where clinical experiences were combined.

	ASSESSMENT TITLE	NO. OF ENTRIES	RESULTS	COMMENT
1	Care of a palliative client (Home Based Care)			
2	Care of the Under-five child (Well Child)			
3	Care of a family planning client (Initial visit)			
4	Home Visit			
5	Organizing a mobile clinic			

OTHER EXPERIENCES

	Procedure	No. Required	No. of cases Done
1	Screening under-five children	40	
2	Initiate family planning methods to clients	20	
3	Subsequent family planning methods to clients	10	
4	Insertion of implants	5	
5	Care for a patient on palliative /Home based care:	3	
6	Administering immunizations	10	
7	Assess and classify Malaria cases	10	
8	Screen clients for VIA	10	
9	Maternal and neonatal death audits and community follow up	2	
10	KMC community follow up cases	3	
11	Fertility couple counselling	3	
12	Diabetes client diet counselling	2	
13	Care of Geriatric patients	2	
14	Community Assessment and mobilization	1	

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



Please Return to:

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