



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
MIDWIFE-(NURSING AND MIDWIFERY EDUCATION) 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

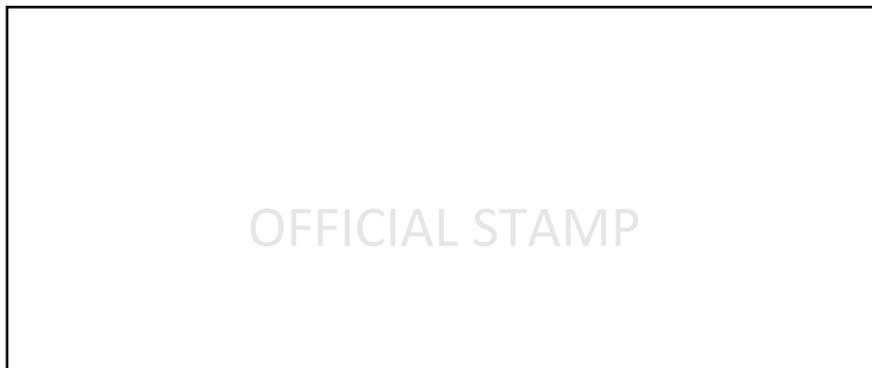
SIGNATURE OF STUDENT:.....DATE:.....

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-NME/B

APPLICATION FOR REGISTRATION

I hereby make application for my Name to be entered on the register of Nursing and Midwifery Educators 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 Midwife (Education) (NM)

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



SUMMARY OF THE PROFESSIONAL NURSE MIDWIFE (EDUCATION) 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...../...../.....

ELECTIVE MODULES

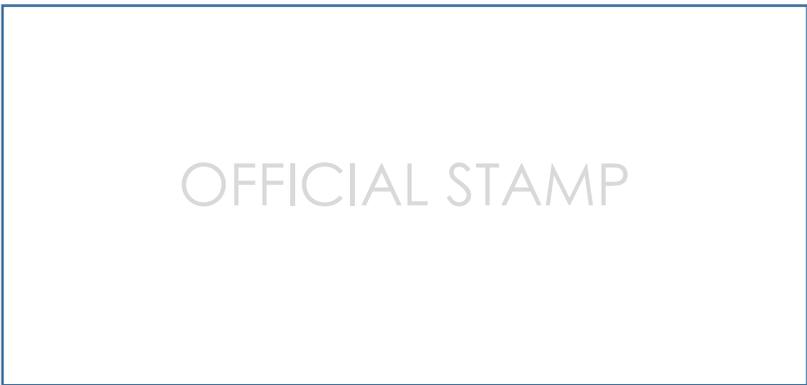
Tick the most appropriate elective module from the list below:

- 1. Medical Surgical Nursing
- 2. Paediatric Nursing
- 3. Community Health Nursing
- 4. Mental Health and Psychiatric Nursing
- 5. Midwifery

SUMMARY OF CLINICAL EXPERIENCE ACQUIRED BY THE CANDIDATE

CLINICAL SITE	Prescribed Hours	Total Hours Completed
Midwifery (elective)	520	
Community Health Nursing (elective)	520	
Paeditric Nursing (elective)	520	
Mental Health and Psychiatry (elective)	520	
Medical Surgical Nursing (elective)	520	
Clinical Teaching	480	
Class room teaching	600	
Conducting Formative Assessment	40	
Conducting Summative Assessment	40	
Extracurricular activities	40	
TOTAL	1600	

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



Please Return to:

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