



## 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 withdrawals on the basis of either absents 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...../...../.....



MARCH 2025



FORM PB-MHP/A

**APPLICATION FOR ADMISSION OR RE-ADMISSION TO THE PROFESSIONAL NURSE-  
(MENTAL HEALTH & PSYCHIATRY) 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 ☐

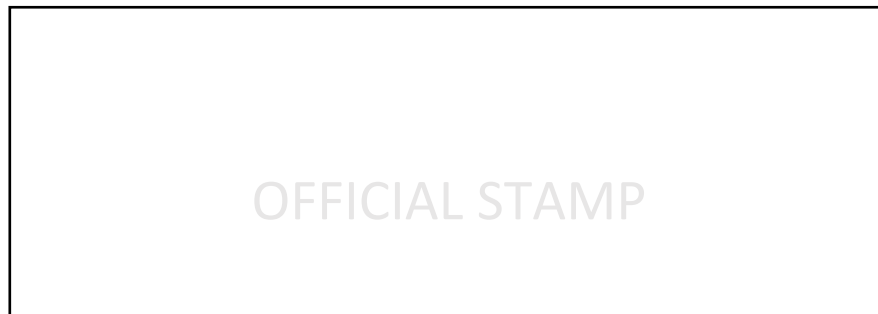
SIGNATURE OF STUDENT:.....DATE:.....

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-MHP/B**

**APPLICATION FOR REGISTRATION**

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

**FOR OFFICIAL USE**

FEE PAID MK.....

RECEIPT 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...../...../.....

OFFICIAL STAMP

Return the form to:

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



**SUMMARY OF THE PROFESSIONAL NURSE (MENTAL HEALTH & PSYCHIATRY) 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>Prescribed Hours</b>	<b>Total Hours Completed</b>
<b>Child and Adolescent Psychiatry</b>	<b>160</b>	
Child development centre (Hospital & Community)	80	
Orphanage care centre	40	
Children's village	40	
<b>Psychiatric Nursing</b>	<b>840</b>	
Acute Care Unit	600	
Rehabilitation	160	
Counselling	80	
<b>Maternity Mental Health</b>	<b>240</b>	
Antenatal Clinic	120	
Postnatal Clinic	120	

<b>Clinical Site</b>	<b>Prescribed Hours</b>	<b>Total Hours Completed</b>
<b>Community Mental Health Nursing</b>	<b>480</b>	
Psychogeriatric Nursing	80	
Community Diagnosis	80	
Community Rehabilitation	40	
Home Visiting	80	
School Health	80	
Occupational Health	80	
Victim support unit	40	
<b>Clinical Teaching</b>	<b>80</b>	
<b>TOTAL HOURS</b>	<b>1800</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	Child Psychiatry			
2	Adult Psychiatry			
3	Drug abuse patient			
4	Alcohol abuse patient			
5	Epileptic patient			

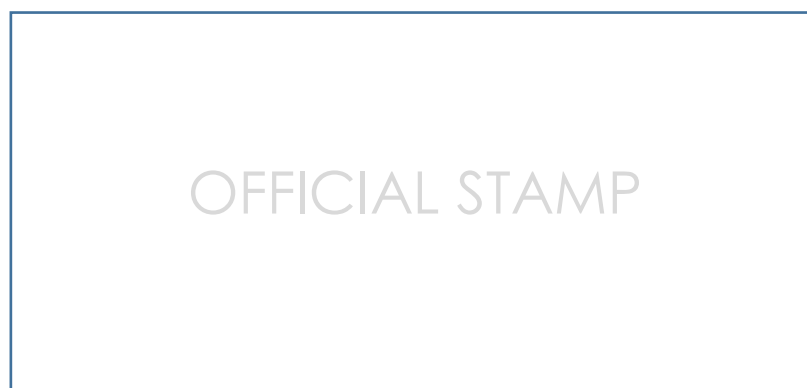
#### **OTHER CLINICAL EXPERIENCE**

	<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	Tepid Sponging	10	
	IV insertion, care and removal	20	
3	Bed bath	20	
4	Wound dressing	10	



	<b>Procedure</b>	<b>No. Required</b>	<b>No. of cases Done</b>
5	Suturing and Removal of sutures	5	
6	Screening under-five children	20	
7	Initiating children on CPAP	10	
8	Collecting blood samples for Dry Blood Sample (DBS)	10	
9	Care of bedridden children	10	
10	Care of children with burns	10	
11	Insertion and removal of urethral catheter	5	
12	Insertion and removal of oro/nasogastric tube	10	
13	Commence and care for children on blood transfusion	10	
14	Initiate children on ART	5	
15	Provide infant feeding counselling to women	5	
16	Conduct assessments of infants at one week	2	
17	Conduct assessments of infants at 6 <sup>th</sup> week	10	

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



Please Return to:

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