



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
MIDWIFE EXAMINATION**

INSTRUCTIONS:

Numbers 1 to 12 are to be completed by candidates

Numbers A to C are 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 **CENTRE** **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

MIDWIFERY PAPER ONE

MIDWIFERY 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 Midwives 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 MIDWIFE (PM)

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.....

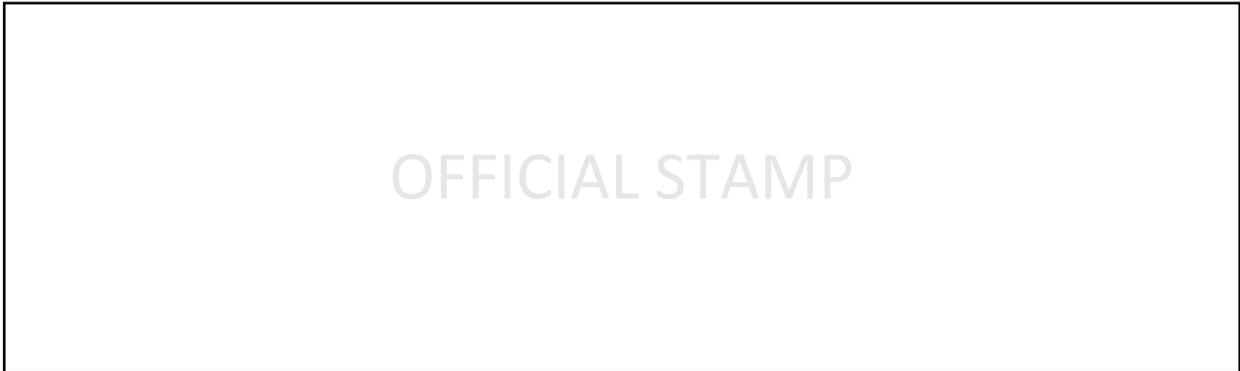
Nationality.....

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
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LILONGWE 3



SUMMARY OF THE PROFESSIONAL MIDWIFE-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

CLINICAL SITE	HOURS	HOURS COMPLETED
Women's Health	360	
Midwifery Science I	400	
Midwifery Science II	560	
Neonatal Science	160	
Community Midwifery	160	
Theatre and Critical Care Nursing	200	
TOTAL HOURS	1920	

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

RESULTS OF CLINICAL ASSESSMENTS

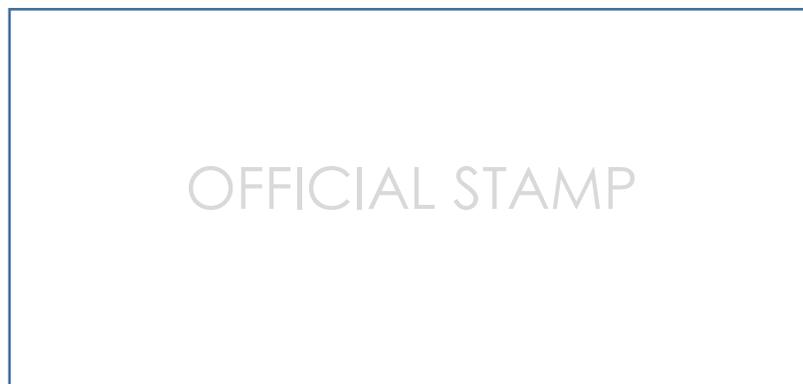
	ASSESSMENT TITLE	NO. OF ENTRIES	RESULTS	COMMENT
1	Total Care for a critically ill woman			
2	Home visiting			
3	Care of an Antenatal Woman on initial visit			
4	Care of a woman in Labour			
5	Care of a Postnatal Woman in the first 48 hours			
6	Care of a Neonate in the first 48 hours			

MIDWIFERY CLINICAL EXPERIENCE

	Procedure	No. Required	No. of cases Done
1	Complete Assessment of pregnant women at first antenatal visit	10	
2	Complete assessment of pregnant women on a subsequent visit	30	
3	Vaginal examinations including pelvic assessment	10	
4	Conduct spontaneous Vertex deliveries	20	
5	Performing and repairing episiotomies using local anaesthesia	5	
6	Repairing perineal tears/ lacerations using local anaesthesia	3	
7	Conduct deliveries by vacuum extraction	3	
8	Conducting Breech delivery	2	
9	Conducting multiple delivery	2	

	Procedure	No. Required	No. of cases Done
10	Manage postnatal mothers and their babies during the hospital stay	20	
11	Counsel families at the fertility clinic	2	
12	Conducting postnatal assessments of mothers and infants at one and six weeks	8	
13	Conducting postnatal assessments of mothers and infants at 6 th week	12	
14	Manual removal of placenta two	2	
15	Resuscitation of new born	10	
16	Conduct out-reach antenatal and post-natal clinics	3	

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



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