



THE UNITED REPUBLIC OF TANZANIA
TANZANIA NURSING AND MIDWIFERY COUNCIL



P.O BOX 1736 DODOMA

SCHOOL/PROGRAM OF NURSING AND MIDWIFERY LICENCE RENEWAL FORM

Made under Regulation (K) of the Nursing and Midwife Act. March, 2010

Name of the School.....
 School/Program Registration Number.....
 School/Program License Number.....
 Location: District.....Region.....
 Physical Address.....
 Postal Address.....
 Tel. No.....Mobile.....
 Fax No.....
 Email.....
 Owner.....
 Type ownership.....

	Government	<input type="checkbox"/>
	FBO	<input type="checkbox"/>
	Private	<input type="checkbox"/>
Training Program	Certificate	<input type="checkbox"/>
	Diploma	<input type="checkbox"/>
	Post Graduate Diploma	<input type="checkbox"/>
	Degree	<input type="checkbox"/>
Nature of training	Masters	<input type="checkbox"/>
	Pre-service	<input type="checkbox"/>
	In-service	<input type="checkbox"/>

Enclosed non refundable fees of T. Shillings paid per program

Level of award	Licene fees
Certificate	T shs. 200,000/=
Diploma	T.shs.300,000/=
Post graduate Diploma	T.shs.250,000/=
Degree and higher level	T.shs.350,000/-

Payment to be done through government payment control Number to TANZANIA NURSING AND MIDWIFERY COUNCIL NBC Limited, Corporate Branch or NMB BANK
(A copy of Bank payment slip and previous license to be attached)

Name of the Head/Owner..... Signature..... Date.....

School stamp