



maternity home, nursing home nursing clinic or  
maternity clinic ;

- “intern nurse” is a person who is registered under section 17 who undergoing additional practical training in a recognized or selected hospital ;
- “internship” means a prescribed period during which a nurse or midwife is under supervised placement for the purpose of gaining expected professional competence pending full registration;
- “midwife” means a person who is authorized by a license issued under this Act to practice midwifery as enrolled or as registered midwife;
- “midwifery” means giving care and supervision to a woman during pregnancy, labor and post partum period and caring for the new born babies and infants;
- “nurse” has the meaning ascribed to it under the Act;
- “nursing practice” means assisting individuals or groups to maintain optimal, health throughout the life process by assessing their health status establishing nursing diagnosis planning and implementing a strategy of care to accomplish defined goals and evaluating responses to care and treatment;
- “registered nurse or midwife” means a person who has been registered as a nurse or midwife under the Act;
- “register” means the register of Nurses or midwives established and maintained by the Council under section 14 of the Act;
- “Registrar” means Registrar of the Council appointed under section 9 of the Act;
- “roll” an official document for enrolling names of nurses or midwives kept by the Council;
- “senior registered nurse” means a person with knowledge attitude and skills who has been practicing as a nurse for not less than three years;
- “continuing professional development” means any form of education that takes place after completion of the basic training that aims at improving performance through updating knowledge, skills and attitudes.

Categories of  
persons to be  
registered

**3.**-(1) There shall be two categories for registration-

- (a) registered nurse or midwife;
- (b) enrolled Nurses or midwives;

(2) The register or roll of nurses and midwives shall be divided into following of parts:

- (a) Part I for Nurses;
- (b) Part II for Midwives;
- (c) Part III for Public Health Nurses;
- (d) Part IV for Ophthalmic Nurses;
- (e) Part V for Paediatric Nurses;
- (f) Part VI for Nurse Psychiatrist;
- (g) Part VII for Nurse Tutors;
- (h) Part VIII for Midwifery Tutors;
- (i) Part IX for Operating Theatre nurses;
- (j) Part X for Advanced Nursing or Midwifery Practitioners; and
- (k) Part XI for any other Nurses or Midwives not covered by the a foregoing parts.

**PART II  
ESTABLISHMENT OF REGISTRATION AND ENROLMENT  
COMMITTEE, COMPOSITION AND FUNCTIONS**

Establishme  
nt of  
Registration  
and  
Enrolment  
Committee  
composition

**4.**-(1) Pursuant to section 7 (2)(e) of the Act, there shall be the Registration and Enrollment Committee.

(2) The Committee shall consist of-

- (a) the Chairman to be appointed amongst the members of the Council;
- (b) other four members who are not council members to be appointed by the Council,

(3) The composition of the Committee may be determined by the Council as it may deem necessary.

(4) Notwithstanding other provision of the Act, the committee member shall serve in that position for the duration of three years and may be eligible for reappointed for the next tenure.

(5) Subject to sub-regulation (4) no member shall be appointed for a third term.

Functions of  
the  
Registration  
and  
Enrolment  
Committee

**5. The functions of the Registration and Enrolment committee shall be to-**

- (a) collaborate with the Education and Professional Advancement Committee in setting and marking council examinations;
- (b) recommend to the Council the eligible candidates to be registered or enrolled after satisfying the requirements;
- (c) do such other things as may be prescribed by the Council.

### PART III REQUIREMENTS AND CONDITIONS FOR REGISTRATION

Requirement  
and  
conditions  
for  
registration  
as Intern  
Nurse

**6.-(1)** Every of a nursing or midwifery degree holder or any other qualification recognized by the Council as being equivalent to a nursing degree shall be required to undergo internship immediately upon completion of such course in an institution recognized by the Council.

(2) Notwithstanding the provisions of sub-regulation(1),the registered nurse or midwife who have acquired nursing or midwifery degree, shall not be required to attend internship.

(3) Internship may be carried out for not less than twelve months in an approved institutions recognized by the Council.

(4) An intern nurse shall be supervised by a senior registered nurse who shall be responsible for supervision and write a performance report, upon successful completion of internship.

(5) A certificate of internship shall be issued by the relevant hospital management.

(6) Application for registration as an intern nurse or application for registration under this regulation shall be accompanied with-

- (a) a duly completed application form approved by

Council;

- (b) certified copies of secondary education certificates;
- (c) academic transcripts or letter from training institution indicating completion of the said course;
- (d) two recent coloured passport size photographs;
- (e) registration fee as prescribed under First Schedule to these Regulations;

(7) Every person who complies with conditions under this regulation shall be registered as intern nurse and issued with provisional registration certificate.

Requirement and conditions for registration as nurse or midwife

**7.**(1) Nurses and midwives who have such qualification recognized by the council and have passed examination conducted by the Council shall be registered in appropriate part and section.

(2) Every application for registration in respect of each part of the register shall be accompanied by-

- (a) a certified copies of his qualifications;
- (b) a certificate or letter for completion of internship, if any;
- (c) four recent colored passport size photographs;
- (d) a letter of passing examination;
- (e) registration fee as prescribed in the First Schedule to these Regulations.

(3) No person shall practice as a nurse or midwife in Tanzania unless he is registered or enrolled upon fulfillment of the conditions prescribed under section 15(1) of the Act.

Removal of a registered Nurse or midwife from the register

**8.** The Registrar may remove from the register of nurse and midwives, the name of a nurse or midwife;

- (a) who is no longer complies with the requirements and conditions for registration as a nurse or midwife;
- (b) who fails to renew his license six months after expiry of his current license;
- (c) who is unfit to practice

*Application  
for Retention  
in the  
register*

**9.**-(1) Every registered nurse or midwife shall before 31<sup>st</sup> December of the third year, file information to the Council for the retention of his name in the register.

(2) An application under subsection (1) shall be accompanied with prescribed fee.

(3) A different fee shall be charged to application for retention of a name in the register or roll received late.

if the person does not comply with the provisions of sub-regulation (1).

*Restoration*

**10.**-(1) Where a person who has been struck off in the register or roll by virtue of section 18 of the Act, wishes to be restored to the register or roll, he shall make an application of restoration to the Registrar.

(2) No person shall be allowed to make an application for restoration to the register or roll before the end of the period of five years beginning with the date on which the order under section 18 of the Act took effect.

(3) Any application for restoration to the register or roll shall be referred to the Council by the Registrar for determination.

(4) Before making any decision on the application the Council shall give the applicant an opportunity to appear before it and to argue his case in accordance with the provisions of the Act.

(5) The Council shall not grant an application for restoration unless it is satisfied, on such evidence as it may require, having regard in particular to the circumstances which led to the making of the order under section 18 of the Act, the applicant is a fit and proper person to practice nursing or midwifery profession.

(6) On granting an application for restoration, the Council-

- (a) shall direct the Registrar to register the applicant in the relevant part of the register or roll on his satisfying any requirements under sub-regulation (5) and on payment of the prescribed fee; and
- (b) may make a conditions of practice order with respect to him

*Publication  
of registered  
nurses or*

**11.** Every year, The Registrar shall publish the names of registered nurses and midwives in the Government Gazette in a yearly basis.

*midwives*

Requirement  
and  
conditions  
for  
registration  
as foreign  
Nurse

**12.-(1)** Any nurse or midwife who wishes to be temporarily registered shall be required to fill in and submit the application Form D prescribed in the Second schedule for approval by the Council.

(2) Every application for registration made under sub-regulation (1) shall be accompanied by a non refundable fee as prescribed in these regulations.

(3) An application for registration made under sub-regulation (1) shall in addition to the requirements set out under these regulations be accompanied by the following documents-

- (a) certified copies of his nursing or midwifery education equivalent to diploma and degree offered in Tanzania;
- (b) full transcript of academic record certified by a head of the institution or academic body where he graduated as nurse or midwife;
- (c) evidence that he is registered as a nurse or midwife in the country in which the institution or examining body that awarded such qualification is situated;
- (d) evidence that he is a physically fit and proper person and in good standing as a nurse or midwife with relevant registration authority from the country where is coming;
- (e) as a part of registration process, the Council shall contact all countries in which a current license is held, provided that the Council reserves the right to check with all countries in which the applicant has ever been licensed
- (f) translated document by an approved authority where such documents need to be translated.
- (g) two recent colored passport size photographs;
- (h) a copy of current Curriculum Vitae;
- (i) a certified copy of employment or contract letter;

(4) There shall be an allowance of six to eight weeks to process the registration.

((5) The Council may at anytime request any additional documents or information from the applicant.

- Nurses,  
or  
midwives  
trained  
outside  
Tanzania
- 13.** Notwithstanding the provisions of regulations 12 nurses or midwives trained outside Tanzania who would like to practice in Tanzania for a duration not exceeding seven days.  
(2) Subject to sub-regulation (1) the Council shall be issue a letter of authorization upon fulfillment of requirements specified in regulation 12(3) and payment of fee.
- Foreign  
registered  
nurse or  
midwife
- 14.**-(1) Every foreign registered nurse or midwife shall file application to the Council for the retention of his name in the register annually .  
(2) An application under sub-regulation (1) shall be accompanied with prescribed fee.
- Language
- 15.** In order to practice as a nurse or midwife in Tanzania, the applicant shall be required to have satisfactory knowledge of Kiswahili, English or both.
- Requirements and conditions for enrollment as nurse
- 16.**-(1) Nurses and midwives whose certificate qualification is recognized by the Council and have passed examination conducted by the Council shall be enrolled.  
(2) Every application for enrollment in respect of each part of the register shall be accompanied by-  
(a) all the requirements for enrollment shall apply as stipulated from registered nurse with the exception of fees;  
(b) enrollment fee as prescribed in the First Schedule to these Regulations;  
(3) No person shall practice as a nurse or midwife in Tanzania unless he is enrolled upon fulfillment of the conditions prescribed under section 15(3) of the Act.
- Removal of a enrolled nurse or midwife from a roll
- 17.** The registrar may remove from the roll of nurses and midwives, the name of a nurse or midwife.



Publication  
of registered  
nurses or  
midwives

**18.**-(1) Every year, the Registrar shall publish the names of enrolled Nurses and midwives in the Government Gazette.  
(2) Notwithstanding the provisions of sub regulations above, the Council may at anytime request any additional documents or information from an applicant.

Issuances of  
certificate of  
registration,  
enrollment  
temporary  
and  
provisional  
registration

**19.** The Council shall issue relevant certificate for application for-

- (a) a full registration certificate;
- (b) the enrollment certificate;
- (c) a temporary registration certificate set out in the Second Schedule.
- (d) a provisional registration certificate.

Licences for  
registered  
and enrolled  
nurses or  
midwives

**20.**-(1) Every application for license to practice as a registered or enrolled nurse or midwife shall be in prescribed form and shall be accompanied by the fee prescribed under the First Schedule to these Regulations.  
(2) The Council shall upon application made under sub-regulation (1) issued a practicing licence prescribed in the Third Schedule to these Regulations.  
(3) Every license granted under this regulation shall be subject to renewal after every three years.  
(4) Notwithstanding to sub-regulation (2) foreign nurses or midwives shall renew licenses every year.

Continuing  
education to  
a registered  
or nurse or  
midwife.  
enrolled

**21.**-(1) Every registered or enrolled nurse or midwife has a duty to attend continuing professional development  
(2) The continuing professional development shall be considered as criteria for renewal of his license.

Appeals  
against  
refusal to  
register or  
removal of  
name from  
the register

**22.** -(1) Any person aggrieved by the Council's decision to-

- (a) refuse to register him or to enter in the appropriate register any nurse or midwife which he desires, and maintains to be entitled, have so entered in terms of the provisions of the Act; or

18

(b) remove from the register his name as a nurse or midwife which he maintains to be entitled to have entered in the register in terms of the provisions of the Act,

(2) May, after notice to the Council and within a period of two months after the date of such decision, appeal against such decisions to the Minister for Health matters.

(3) The Minister may-

(a) dismiss an appeal;

(b) remit the matter to the Council; or

(c) make such other order as it may deem appropriate.

Revocation  
of GN. No.  
304 of 2003

**23.** The Nurses and Midwives (Register and Roll) Regulations, 2003 are hereby revoked.



*The Nursing And Midwifery (Registration, Enrollment And Licencing)  
Regulations, 2010*

---

	of more than 3 months	
13.	License renewal	USD 100
14.	<b>PROVISIONAL REGISTRATION</b>	20,000
15.	On issue of an extract from the register other than a certificate <ul style="list-style-type: none"> <li>• Local</li> <li>• Foreigner</li> </ul>	20,000 USD 50
16.	Re-registration /Restoration	200,000
	<b>NURSING SCHOOLS</b>	
17.	Application fees	30,000
18.	Inspection fees	800,000
19.	Registration fees	
	Certificate Level	150,000
	Diploma Level	200,000
	Advanced Diploma	250,000
	Degree Level	350,000
20.	Licence fees	
	Certificate	100,000
	Diploma	150,000
	Advanced Diploma	200,000
	Degree	300,000
21.	School Exchange Programe involving students nurses from a school not located in Tanzania	
	Student nurse	\$50
	Lecturers/Tutors	\$100
	<b>PRIVATE NURSING PRACTICE FEE</b>	
22.	Application	30,000/=
23.	Registration and License	120,000/=
24.	Annual Licence Renewal	60,000/=
25.	Late Licence Renewal	70,000/=

*The Nursing And Midwifery (Registration, Enrollment And Licencing)  
Regulations, 2010*

---

FORM B

**SECOND SCHEDULE**

(Made under regulation 12)

**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**APPLICATION FOR REGISTRATION/ENROLLMENT AND LICENSURE**

**A. Personal Particulars Full**

name (*block letters*)

.....  
First
Middle
Surname

Maiden/previous names

.....

Permanent Address in Tanzania.....

Tel No ..... Email .....

Date of Birth ..... Sex .....

Nationality .....

**B. Type of Admission applied for**

Provisional Registration ( )

Full Registration/Enrolment ( )

Training institution	Dates ( <i>from.... To....</i> )	Award attained

**C. Attach the following**

(a) Certified photocopies of the certificates

(b) Four coloured passport size

I certify that to the best of my knowledge the information given in this form is true and correct.

.....  
Signature of Applicant
Date

**FOR OFFICIAL USE**

**Verification**

I verify that I have inspected certificates declared above and found them authentic

Name of the Officer in the Council:.....

Signature and stamp:.....

Date:.....

FORM C

**SECOND SCHEDULE**

(Made under regulation 19)



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NURSING LICENSE RENEWAL APPLICATION FORM**

(Pursuant to section .....of Nursing and midwifery Act Requiring  
renewal of licenses after every three years)

**1. Full Names** (block letters)

.....  
.....

(As it appears in your current license)                      First  
Middle                      Surname

**2. Contact:** Postal

address.....

E-mail: ..... Telephone numbers.

.....

Work

station.....

**3. Work status** (tick as appropriate)

Public	<input type="checkbox"/>	Self	<input type="checkbox"/>
Private	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Faith Based Organisation	<input type="checkbox"/>	others	<input type="checkbox"/>
NGO	<input type="checkbox"/>		<input type="checkbox"/>

**4. Permanent Address in Tanzania** (if different from above)

.....  
.....

*The Nursing And Midwifery (Registration, Enrollment And Licencing)  
Regulations, 2010*

---

5. **Current Level of Nursing Education** (Certificate, Diploma, Degree, Masters, PhD etc).....

6. **Current License Details**

(a) Registered License No..... (b) Enrolled License No.....

7. **Continuing Professional Development (CPD)**

Have you attended any Continuing Education Session in the past three years?

If YES, Mention type and name of Course attended (attach certificates if applicable)

.....

.....

If NO, state the

reasons.....

.....

8. **Professional Association**

Are you an active member of any Professional Nursing Association? YES /NO If YES, state your membership card

number.....

If NO give reasons .....

9. **Please Note that;**

I. This form shall be filled in triplicate, if submitted at District level, in Duplicate at Regional level/consultant Hospital level. A copy shall be retained at each level and original should be sent to Tanzania Nursing and Midwifery council

II. A copy of the previous issued license shall be attached with this form

III. Payments shall be paid through **NBC Ltd , Corporate Branch –A/C No. 011103005663, NMB, NMB House Branch A/C No. 2231300043**

10. I verify that to my knowledge the information given in this form is true and correct

Signature of the applicant:.....

Date:.....

.....

---

**FOR OFFICIAL USE**

**Verification**

I verify that I have inspected certificates declared above and found them authentic

1. Name of the District Nursing

Officer:.....

Signature and stamp:.....

Date:.....

2. Name of the supervisory Authority.....

Signature and stamp:.....

Date:.....

FORM D

\_\_\_\_\_  
**SECOND SCHEDULE**

(Made under regulation 19)  
\_\_\_\_\_



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**APPLICATION FOR REGISTRATION FOR FOREIGN NURSES**

(Pursuant to section .....of Nursing and midwifery Act Requiring  
.....)

**PART 1**

I hereby apply for registration and Licensure to the Tanzania Nursing  
and Midwifery Council

1. Full name

.....  
.....

*Surname*                      *First*                      *Middle*

2. Maiden/Previous

Names.....  
....

3. Place of Birth ..... Date of Birth

.....  
Sex ..... Nationality.....

4. Contact address in

Tanzania.....  
Telephone number:.....  
Email:.....

5. Languages (a) Spoken .....(b) Written .....

6. Graduate of.....School  
of Nursing

Address.....

Year of Graduation.....

Qualifying Award:



*The Nursing And Midwifery (Registration, Enrollment And Licencing)  
Regulations, 2010*

---

BScN  Associate Degree in Nursing  Diploma  Other (specify)

7. Country of Current or last active Licensure.....  
Expiration Date.....

Have you ever had, or do you have pending, any action against a nursing license issued to your Country? This includes revocation, suspension, restriction, probation, reprimand, censure or any other disciplinary proceedings. (Attach explanation if yes)

Yes ..... No .....

List all countries/states in which you have ever been licensed, date and numbers of your license

1. ....
2. ....

Have you ever been licensed in Tanzania? Yes  No

If yes, license No. ....

8. Have you ever been convicted of a misdemeanor/felony? (*Excluding minor traffic violations*)  
Yes ..... No.....

9. Last three employers (*list last employment first*)

DATES OF EMPLOYMENT	NAME AND COMPLETE ADDRESS OF EMPLOYER	POSITION HELD

10. Anticipated Employer in Tanzania .....

11. REFERENCES

Please give us two names and addresses of referees for your profession and character

1. Name.....  
Address .....
2. Name.....  
Address.....

PART 2:

I certify that I am the person referred to in the foregoing application for Registration as a ..... in Tanzania, that the statements herein contained are true in every respect; that I complied with all requirements of the new. **FALSIFICATION OF ANY INFORMATION CONTAINED ON THIS APPLICATION MAY RESULT IN DENIAL OF LICENSE AND/OR ADMINISTRATIVE ACTION.**

Applicant Signature: .....Date: .....

\_\_\_\_\_  
**SECOND SCHEDULE**

\_\_\_\_\_  
Made under regulation 19



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**FULL REGISTRATION CERTIFICATE**

By virtue of the powers granted to the Council under section 15 (1) of the Nursing  
and Midwifery Act, 2010

It is hereby certified that:

.....

Is registered in the Register of Nurses and Midwives and may use the title  
of REGISTERED .....

..... Chairman  
..... Registrar  
Registration Number .....  
Date .....

Seal and photo

—————  
**SECOND SCHEDULE**

—————  
Made under regulation 19



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**ENROLLMENT CERTIFICATE**

By virtue of the powers granted to the Council under section 15 (3) of the Nursing  
and Midwifery Act. 2010

It is hereby certified that:

.....

Is enrolled in the roll of Nurses and Midwives and may use the title of  
ENROLLED .....

..... Chairman

..... Registrar

Enrollment Number .....

Date .....

Seal and photo

—————  
**SECOND SCHEDULE**

—————  
(Made under regulation 19)



—————  
**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**TEMPORARY REGISTRATION CERTIFICATE**

By virtue of the powers granted to the Council under section 16 of the Nursing and Midwifery Act. 2010

It is hereby certified that:

.....

Is temporary registered in the Register of Nurses and Midwives and may use the title of  
REGISTERED .....

The Institute to which registration applies is .....

This certificate is valid until .....

..... Chairman

..... Registrar

Temporary Registration Number .....

Date .....

Seal and photo

—————  
**SECOND SCHEDULE**  
—————

(Made under regulation 19)

—————



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**PROVISIONAL REGISTRATION CERTIFICATE**

By virtue of the powers granted to the Council under section 17 of the Nursing  
and Midwifery Act. 2010

It is hereby certified that:

.....

Is provisionally registered in the Register of Nurses and Midwives and may use the title of  
REGISTERED .....

..... Chairman

..... Registrar

Registration Number .....

Date .....

Seal and photo

*The Nursing And Midwifery (Registration, Enrollment And Licencing)  
Regulations, 2010*

---

Please note:


When designing different certificates for licensure please bare in mind that the license to practice should be user friendly like ATM Card

**THIRD SCHEDULE**

L-1

Made under regulations 22(2)

LICENSE FOR PRACTICING - Front View

	UNITED REPUBLIC OF TANZANIA	Code no
	TANZANIA NURSING AND MIDWIFERY COUNCIL	
	Has licensed	
	Name (of the applicant) .....	
	License no ..... To practice as	
	<b>NURSE/ MIDWIFE</b>	
	This license is valid until .....	
Photo Of the holder	<b>Back View</b>	
	..... Registrar signature	

The bearer of the license is also registered/ enrolled with this council as

<p><input type="checkbox"/> Part I for Nurses</p> <p><input type="checkbox"/> Part II for Midwives</p> <p><input type="checkbox"/> Part III for Public Health Nurses</p> <p><input type="checkbox"/> Part IV for Ophthalmic Nurses</p> <p><input type="checkbox"/> Part V for Pediatric Nurses</p> <p><input type="checkbox"/> Part VI for Nurse Psychiatrist</p>	<p><input type="checkbox"/> Part VII for Nurse Tutors</p> <p><input type="checkbox"/> Part VIII for Midwifery Tutors</p> <p><input type="checkbox"/> Part IX for Operating Theatre nurses</p> <p><input type="checkbox"/> Part X for all Advanced Nursing Practitioners</p> <p><input type="checkbox"/> Part XI for any other Nurses or Midwives not covered by the foregoing parts</p>
---	---

Dar es Salaam,  
25<sup>th</sup> October, 2010

D. H. MWAKYUSA,  
*Minister for Health and Social Welfare*  
22

Supplement No 44

12<sup>th</sup> November, 2010

**SUBSIDIARY LEGISLATION**

to the Gazette of the United Republic of Tanzania No. 46 Vol 91 dated 12<sup>th</sup> November, 2010

Printed by the Government Printer, Dar es Salaam by Order of Government

GOVERNMENT NOTICE 422 published on 12/11/2010

THE NURSING AND MIDWIFERY REGISTRATION ACT

(NO. I OF 2010)

**REGULATIONS**

(Made under section 49)

THE NURSING AND MIDWIFERY (TRAINING) REGULATIONS, 2010

PART I  
PRELIMINARY PROVISION

Short title	1. These Regulations may be cited as the Nursing and Midwifery (Training) Regulations, 2010 and shall come into operation on the date of publication in the <i>Gazette</i> .
Interpretation	2. In these regulations unless the context otherwise requires: “Continuing Professional Development” means any form of education that takes place after completion of the basic training that aims at improving performance through updating knowledge, skills and attitudes; “Council” means the Nursing and Midwifery Council established under section 4 of the Act; “date of examination” means the cycle in which the examination is held and the certificates issued;

“examination center” means a school, college, institute or any other place approved by the Council’s to conduct Council’s examinations;

“examination offence” means any harm brought at about either before, during or after the examination by the conduct of a candidate in relation to examinations, which the Council desires to prevent by a threat of punishment;

“invigilator” means an officer in charge of candidates in an examination room;

“nurse tutor” means a registered nurse or midwife who has attended an approved nursing or midwifery education training and is registered as such by the Council;

“preceptor” means a registered nurse assigned to serve as a mentor, role model or supervisor for student’s clinical experience.

“professional course” refers to a course leading to a professional qualification;

“educational programme” means a course of training, education, or study followed by successful completion of a certification examination prepared by an appropriate national organization and accepted by the council;

“registered institution” means a registered school, college or institute;

“school” means nursing training school established under Act;

“teacher” means a registered practitioner with qualification of teaching methodology.

## PART II

### SCHOOL REGISTRATION AND LICENSING

Application for  
registration

**3.-(1)** Any training institution may, upon written application, be registered by the Council to conduct nursing or midwifery courses as may be determined by the Council.

(c) An application for registration of a nursing or midwifery school shall include:



- (3) the name, type of the course and physical address of the institution;
- (4) the name of the owner, and physical address;
- (5) a narrative description of organizational structure of the program;
- (6) master plan of the curriculum, indicating the sequence of both nursing and non nursing courses, as well as prerequisites and core courses;
- (7) proposed student population;
- (8) projected student enrollment
- (9) evidence of learning resource to implement and maintain the program;
- (10) financial resources adequate to begin and maintain the program;
- (11) physical facilities adequate to house the program;
- (12) a plan with a specified time frame for availability of qualified faculty, student policies related to conditions for admission, progression and graduation and total program evaluation;
- (13) the names of course lecturers, teachers or Nurse Tutors with description of their qualifications;
  
- (14) the examination and assessment procedure and processes.
- (15) specimen copies of the certificates the institute wishes to issue;
- (16) name of nearby hospital for practical experience to train and assess the candidates;
- (17) supportive staff.

Restriction of establishment

(c) No school of nursing or midwifery shall be established unless it is registered by the Council in accordance with the Act.

Procedure for registration

**5.-(1)** Upon receipt of an application for registration of a school for nursing or midwifery, the Council shall, if satisfied that the prescribed condition of establishing such a school have been or shall be complied with, either register the school or state the condition upon which that school shall be registered.

(4) If the Council finds, from the evidence presented, that resources and plans meet all rules for establishing a new school of nursing or midwifery, the Council shall issue a certificate of registration to such application of a school.

(5) Where the applicant for the registration of a school of nursing or midwifery complies with some of the required conditions to the satisfaction of the Council, the Council may issue certificate of Provisional Registration of such school for one year duration.

(6) The certificate of registration issued under sub-regulation (2) shall be in the Form No. A as specified in the First Schedule to these Regulations.

(7) The provisional certificate issued under the sub-regulation (3) shall be in the form No. B as specified in the Second Schedule to these Regulations.

School  
licensing

(6) There shall be a school license in the Form No. C, as specified in the Third Schedule to these Regulations which shall be renewed each year after paying prescribed fee

### PART III EDUCATION CURRICULUM

Nursing  
education  
curriculum

(d) Any Nursing or Midwifery education curriculum shall be designed to enable the student acquire the nursing and midwifery knowledge, skills, attitudes and competencies necessary for the level, scope and standard of nursing and midwifery practice consistent with the required level of registration or enrollment.

Requirement  
of the  
curriculum

(7) Each curriculum shall have-

- (b) title of the proposed programme and the department under which it will be offered;
- (c) name and title of the programme administrator;
- (d) particulars of the institution offering the programme:

- vision, mission, goals or learning outcome of the programme, philosophy of the institution, Institution general admission requirements including minimum entrance requirement; academic resources available for all programmes.
  - b address and meet professional and community expectations;
  - c address current trends, emerging issues, contemporary knowledge and enable the development of evidence based practice;
- reflect current technology in education and health;
- spell out the strategies for integration of knowledge and skills and the opportunities for student to meet learning objectives and required clinical competencies;
  - spell out appropriate approaches, methodology of teaching, learning and resources required;
  - define the system of evaluation, grading and feedback to the students;
  - re-determined learning experiences and competencies to be achieved.

Commitment to training curriculum

**(4)** Every teacher or tutor appointed to conduct training under these Regulations shall in providing courses or examinations ensure that candidates are covered with the relevant curriculum which has been approved by the Council.

#### PART IV TRAINING SCHOOL

Requirements for a Nursing or Midwifery Training School

- 10.** A nursing or midwifery Training School shall contain-
- 9. adequate and conducive classrooms;
  - 10. assembly hall which accommodates half of the whole school;
  - 11. skills laboratories with facilities;
  - 12. library;
  - 13. a pantry;
  - 14. utilities;

- (b) stores;
- (c) adequate and conducive offices for teaching staff;
- (d) computer lab or resources centre;
- (e) meeting rooms.

Teaching staff

**11.-(1)** There shall be, for each category of training programme, a minimum number of full time registered tutors as follows:

- (d) for a diploma course, five tutors;
- (e) for Advanced Diploma, four tutors;
- (f) for a degree course, four tutors.

The qualifications of a tutor or teacher of a certain course must be higher than that of the course he is teaching or facilitating.

Tutors appointed to conduct training under sub-regulation (1), shall be persons with professional knowledge and experience in matters relating to nursing or midwifery.

Without prejudice to provisions of sub-regulation (4) the ratio of tutor to student shall not be less than 1.30

Teaching equipments

**12.-(1)** Each nursing or midwifery training School shall be required to have adequate teaching equipment and in particular white board or blackboards, LCD, TV, overhead projectors , computers, desks, steels, anatomical charts, skeleton, bones, model, reference books and such other equipments for demonstrating practical procedures.

(j) The Council shall asses nursing or midwifery training school in the Form D as prescribed in the Fourth Schedule to these Regulations.

Hospital facilities

**13.-(1)** Each training school shall be required to identify approved hospital or hospitals for practical experience of the students in accordance with the curriculum.

(5) For purposes of nursing or midwifery training the identified hospital shall first be approved by the Council.

Indexing of students

**14.-(1)** The training school shall be expected to compile a list of all admitted students and send with accompanied copies of relevant documents to the Council within first month of admission.

The Council shall indicate index numbers of eligible candidates to be sent to schools, college and universities of authorized training of particular students.

Learning activities with preceptors

(3) The student shall be enrolled in the course in which the learning activities with preceptors occurs and shall not be compensated by the practice setting during this time.

Qualification of preceptors

16-(1) The preceptor shall be currently licensed as a registered or enrolled nurse or midwife.

Learning activities with preceptors may be included in a curriculum on limited basis.

The process of selection, approval, and role development of preceptors shall be documented.

The preceptors for a registered nurse student may be non- nurse provided that the designated faculty member serves as the co-preceptor.

The preceptor shall be educated at preferably the same or higher level as the student and have at least one year of work experience in the practice setting in which the learning activity occurs.

The preceptor shall interact with no more than three (4) students at a given time.

Duration of training

17. The duration of training for each category of training programme shall be incase of-

- (3) programme of study leading to a certificate award, two academic years;
- (4) programme of study leading to an ordinary diploma award, three academic years;
- (5) programme of study leading to a diploma for up grades, two years;
- (6) a minimum programme of study leading to Advanced Diploma award, two academic years;
- (7) a minimum programme of study leading to Bachelor of Science in nursing award, two academic years for post registration candidates and four academic years for pre-service.

PART V  
THE COUNCIL EXAMINATIONS

Date of various Examinations application and entry for final examination

**18.**-(1) Examination for registration and enrollment shall be conducted on the date determined by the Council.

20. The person in charge of nursing school shall certify on the application form for admission to an examination that the candidate is eligible for admission to the examination for the course concern.

21. The application for admission to an examination shall be deemed to have been submitted if-

- (d) it is submitted in the official form obtained from the Council;
- (e) all information required on the application form has been filled in;
- (f) a passport size photograph accompanied by examination fee as prescribed by the council attached therewith.

Conduct of final examination

**19.**-(1) A candidate shall be required to appear for final examination center under which is registered.

- (e) A candidate shall obey the-  
examination regulations at all times;  
instructions of the invigilator in charge of the examination at all times.

(3) Candidate shall be disqualified if, during examination, he-

- (5) has any books, any memoranda or notes of any description, or any paper not authorized by invigilator in charge of the examination in his possession;
- (6) helps or attempts to help another candidate with the examination;
- (7) obtain or attempts to obtain help with the examination from another candidate or
- (8) in any way communicates or attempts to communicate with another candidate or in involved in any way of cheating.

On grounds of ill health

**b** The student who has satisfied all the requirements as specified in these Regulations but fails to seat for an examination on the ground of ill health, shall on application to the Registrar and on the provision of medical certificate, be allowed to take the examination as his first sitting in the next coming examination.

On grounds other than ill health

**c** The student who has satisfied all the requirements as specified in these Regulations but fails to seat for an examination on the ground acceptable to the Council may apply for admission to the next examination without payment of the examination fee.

Violation of the requirement of examination

**(3)** A candidate who violates any of the requirement or conditions stipulated in the examinations regulations commit an examination offence as defined by the Council and shall have his examination results nullified.

Setting registration examinations

**23.-(1)** The Council shall create a question bank, one month before the nursing registration examination.

23. The Council may formulate a small committee to select questions from the examination question bank and prepare such examination.

Marking of the examination

**(b)** Marking of registration examinations shall be done centrally by nurse tutors with experience.

Appeals

**(c)** All appeals against examination results should be directed to the registrar within one month from the time of the results declaration.

Supplementar (4) examination

**26.-(1)** Student who fails in any course shall have to repeat the examination in the failed course during the next available examination. (2) The student shall be allowed to sit for examinations for three times, and if he fails for such times may be allowed to sit for a lower level examination.

PART VI  
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Continuing professional development

**27.** Proof of attendance of Continuing Professional Development shall be one of the requirements for nursing license renewal.

Rules and responsibilities for CPD

**28.**-(1) The council shall by rules require persons who have not practiced for a prescribed period, to undertake such education or training or to gain such experience as it shall specify in standard.

(d) It is the responsibility of each nurse and midwife to maintain an authenticated record of continuing professional development and submit evidence of the required number of contact points before the specific period upon request by the Council.

(e) Subject to sub regulation (2), evidence shall be maintained for three years of registration period

System of verifying information

**B.** The Council shall establish a system to verify information submitted by nurses who are candidates for license renewal.

Evidence for CPD

**30.** The Council shall require the practitioner to produce evidence for CPD basing on standards set by the Council.

Employers obligation

**C.** The employers shall ensure that the nurses and midwives undergo CPD as required by the Council for professional development.

Revocation of GN. NO. 302/2009

**32.** The Nurses and Midwives (Training) Regulations, are hereby revoked.

---

**SCHEDULES**

---



\_\_\_\_\_  
**FIRST SCHEDULE**  
\_\_\_\_\_

FORM A

\_\_\_\_\_  
Made under regulation 5(4)  
\_\_\_\_\_



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**SCHOOL REGISTRATION CERTIFICATE**

By virtue of the powers granted to the Council under section... of the Nursing and Midwifery Act.  
It is hereby certified that:

.....owned by  
.....

has fully registered by the Council and is approved to conduct Nursing and Midwifery training  
leading to the award

of .....

Registration No.....

Date .....

..... Chairman

..... Registrar

Seal

\_\_\_\_\_  
**SECOND SCHEDULE**  
\_\_\_\_\_

FORM B

Made under regulation 5(5)



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**PROVISIONAL SCHOOL REGISTRATION CERTIFICATE**

By virtue of the powers granted to the Council under section... of the Nursing and Midwifery Act.  
2010

It is hereby certified that:

.....owned by  
.....

has provisionally registered by the Council and is approved to conduct Nursing and Midwifery  
training leading to the award

of .....

This certificate is valid until.....

Registration No.....

Date .....

..... Chairman

..... Registrar

Seal



FOURTH SCHEDULE

FORM D

Made under regulation 12(2)



TANZANIA NURSING AND MIDWIFERY COUNCIL

NURSING AND MIDWIFERY TRAINING INSTITUTION ASSESSMENT TOOL

SECTION ONE

Name of the institution.....  
Ownership.....  
Owner.....  
Physical address:.....  
P. O. Box..... Tel.....  
.....Mob.....Fax.....  
Email.....  
Location.....Plot No.....  
Title Deed (Yes/No , Land use plan (Yes/No, Building permit (Yes/No ,Certificate of occupancy (Yes/No  
Land size.....  
Level of award expected.....  
  
Type of other training/program offered  
Short course.....  
  
Distance learning .....

Mode of training-

Fulltime.....Duration.....

Part time.....Duration.....

**SECTION TWO-SOURCE OF FUNDS**

S/N	Type	Source(s)	Amount earned per year
1	Gorvenment		
2	Loan		
3	Grant		
4	Fees/cost sharing		
5	Own		
6	Others(specify)		

\*\*\*\*Attach fee structure

**SECTION THREE-HUMAN RESOURCE**

**(c) Number of teaching staff**

S/N	Name	Age	Gender	Level of education	Qualifications	Area of expertise	Registration Level and No	Licence No
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

**2. Part time teaching staff**

S/N	Name	Age	Gender	Level of education	Qualifications	Area of expertise	Registration Level and No	Licence No
1								
2								
3								
4								
5								
6								

\*\*\*\*Attach Curriculum Vitae

**5. Clinical area – staff**

S/ N		Certificate	Diploma	Degree	Master/ Specility
1	Nurses				
2	Doctors				
10.	Laboratory technician				
4	X-ray				
5	Medical records				
6	Store				
7	Pharmacy				
8					
9					

<b>3</b>	<b>Management</b>	<ul style="list-style-type: none"> <li>-School Policy, vision and mission in place</li> <li>- School Objectives</li> <li>-Departments</li> <li>-School regulations</li> <li>- Staff employment contracts</li> <li>-School board</li> <li>-Students admission procedure</li> <li>-Disciplinary procedure</li> </ul>			
----------	-------------------	--	--	--	--





	<b>4. Library</b>	<ul style="list-style-type: none"> <li>-A room to accommodate 45-50 students at a time</li> <li>-A room for librarian</li> <li>-Adequate light and ventilation</li> <li>-Tables&amp; chairs</li> <li>-Updated reference books as stipulated in the curriculum</li> <li>-Computer</li> <li>-Printer</li> <li>-Photocopy</li> <li>-Current Nursing Journals, guidelines and protocols</li> <li>-Current MOHSW printed materials</li> <li>-IT room with 40 computers connected to internet network</li> </ul>
	<b>J. Stores</b>	<ul style="list-style-type: none"> <li>-Stores for teaching materials</li> <li>-Stores for kitchen</li> <li>-Main store</li> <li>(Stores should have adequate space, ventilation, light, secured from vermin and dust, safety precaution) -</li> <li>Office for store/supply officer</li> </ul>
	<b>K. Pantry &amp; kitchen</b>	<ul style="list-style-type: none"> <li>-Running water</li> <li>-Dish wash sink</li> <li>-Clean &amp; tidy</li> <li>-Adequate space, ventilation ,light and food security</li> <li>-Shelves and cupboards</li> <li>-Refrigarator.deepfreezer</li> <li>-Weighing scale</li> <li>-Enough cooking and serving utensils</li> </ul>
	<b>L. Dining Hall</b>	<ul style="list-style-type: none"> <li>-It should be adjacent to the kitchen</li> <li>-Enough space with table and chair to accommodate at least ¾ of total pop.at time</li> <li>-Washing place with running water</li> <li>-Light and ventilation</li> <li>-Drinking water filter</li> </ul>
	<b>M. Recreation al Hall</b>	<ul style="list-style-type: none"> <li>-Spacious room to accommodate at least half of the student at time</li> <li>-Indoors game. Eg.Darts, Pool etc.</li> <li>-Magazine,news papers, Journals</li> <li>-Radio,Tv set</li> </ul>
	<b>N.Assembly Hall</b>	<ul style="list-style-type: none"> <li>-Spacious room to accommodate ¾ of the students</li> <li>-Chairs</li> <li>-Ventilated and lighting</li> </ul>
	<b>O. Dormitories/ Accommodation</b>	<ul style="list-style-type: none"> <li>-Adequate space at least 2m between beds</li> <li>-Single or double decker beds</li> <li>-Ventilation and lighting</li> <li>-Safety measures</li> <li>-Cupboards and lockers</li> <li>-Sickbay room</li> <li>-Warden room</li> <li>-Bathroom and toilets with privacy</li> </ul>

	<b>11. Toilets</b>	Adequate pits /water closets toilets for each sex in the classrooms sites, dormitory sites, library sites and demonstration sites -Drainage system -Running water -Waste bins
	<b>12. Laundry</b>	-Reliable Water supply -Drainage system -Ironing boards -Durable strings/cloth line -Sinks -Spacious
	<b>13. Staff house</b>	-Executive house for head of school -wing house or single occupancy -Water supply -Security -light source
<b>2.</b>	<b>Teaching materials</b>	-Reference books -Teaching aids eg overhead projector, LCD, -Chalks, marker pens etc.
<b>3.</b>	<b>Extracurricular activities</b>	-Social activities eg playing ground -Sports tool e.g. balls -Income generating activity e.g. garden, poultry
<b>4.</b>	<b>Means of communication</b>	-Telephone-Landline/Mobile -Radio call -Email -Fax -Box mail
<b>5.</b>	<b>School transport</b>	-Public bus vehicle -School Bus
<b>6.</b>	<b>Security</b>	-Fencing -Watchman -Fire extinguisher -Sign post for safety measures and precaution
<b>7.</b>	<b>Disposal system</b>	-Solid waste -Water/liquid waste -Chemical waste
<b>8.</b>	<b>External environment</b>	- Flower Garden - Cleanliness and tidy - Landscaping ( general terrain) - Parking site - Sign post



9.	<b>Power Source</b>	-Solar -Electricity -Generator
10.	<b>Supportive staff</b>	-Secretary -Accountant -Driver -Warden -Cooks -Librarian -Watchman -Store keeper -Attendants and Laborers
JJ.	<b>Approved Hospital for curriculum clinical practice</b>	Available wards according to
12.	<b>Approved sites for community practice</b>	-Villages -Occupational area -Industries -School-handicapped -Others(specify)

Dar es Salaam,  
25<sup>th</sup> October, 2010

DAVID H. MWAKYUSA,  
*Minister for Health and Social Welfare*

GOVERNMENT NOTICE NO 423 published on 12/11/2010

THE NURSING AND MIDWIFERY REGISTRATION ACT

(NO. I OF 2010)

**REGULATIONS**

Made under section 49

THE NURSING AND MIDWIFERY (PRACTICE) REGULATIONS, 2010

PART I

PRELIMINARY PROVISION

- Short title                    **(d)** These Regulations may be cited as the Nursing and Midwifery (practice) Regulations, 2010 and shall come to operate on the date of publication.
- Interpretation                **(e)** In these Regulations, unless the context requires otherwise-
- “Act” means the Nursing and Midwifery Registration Act, 2010.
  - “Council” and “Registrar” have the meanings ascribed to them respectively in the Act;
  - “Council” means the Nursing and Midwifery Council established under section 4 of the Act, 2010;
  - “practitioner” means a nurse or midwife registered enrolled, provisionally or temporary registered under the Act;
  - “midwife” means a person who is authorized by a license issued under this Act to practice midwifery as an enrolled or registered midwife;
  - “midwifery” means giving care and supervision to a woman during pregnancy, labor and postpartum period and caring for newborn babies and infants;
  - “nurse” means has the meaning ascribed to it under the Act;
  - nursing Practice” means assisting individuals or group of persons to maintain optimal health throughout a life process by assessing their health status, establishing nursing diagnosis, planning and implementing a strategy of care to accomplish

defined goals and evaluating responses for care and treatment and shall include provision of nursing care , administration , supervision and teaching;

“private practice” means in relation to a nurse or midwife means to practice as a nurse or midwife as authorized under section 22 of the Act;

“license” means a license issued under section 21 of the Act giving the barrier permission to practice as a nurse or midwife or to operate a school of nursing or midwifery or maternity home, nursing home, nursing clinic or maternity clinic.

## PART II GENERAL NURSING PRACTICE

Responsibility of the Council

**(18)** The Council shall be responsible on articulating nursing values, maintaining the integrity of the profession and its practice including shaping social policies in relation to nursing professional.

Conduct performance and ethics

**4.-(1)** The Council shall establish and keep under review the standards of conduct, performance and ethics expected and prospective registrants and give them such guidance on these matters as it sees fit.

(d) Each practitioner licensed by the Council and engaged in practice of nursing shall have knowledge and understanding of the standards of conduct for nurses and midwife in Tanzania.

**(8)** A practitioner licensed to practice by the Council shall-

- (7) responsible and accountable for his nursing judgments, actions and competency;
- (8) perform nursing techniques and procedures only after the appropriate education and demonstrated clinical competency;
- (9) keep clear and accurate records of the assessments he makes on the care and treatment given and how effective these have been;
- (10) safeguard patient information from any person or entity or both not entitled to such information, a nurse shall only share appropriate information as required by law;
- (11) safeguard a patient’s dignity and right to privacy;
- (12) not engage in false, deceptive, or misleading advertising related to the practice of nursing;

- (e) care for and refer a patient without undue benefits or gain to the nurse or third party;
- (f) work with others to protect and promote the health and well being in his care, their families, careers, and the community;
- (g) not abuses, neglect, mistreat, abandon or otherwise harm a patient;
- (h) maintain the security of controlled substances that are under his responsibility and control;
- (i) comply with any order for disciplinary issued by the council against her license to engage in the practice of nursing or right to renew such license except otherwise may be determined by the appropriate court in the cause of an appeal for final decision and order.

Scope of practice

**(8)** A practitioner who holds a valid nursing license shall only assume those duties and responsibilities within his or scope of practice and for which he has acquired and maintained necessary knowledge, skills and abilities.

Withhold or deny nursing care

**(e)** A practitioner licensed by the Council shall not withhold or deny nursing care based on age, ancestry, marital status, sex, sexual orientation, race, colour, religious creed, and diagnosis, mental or physical disability.

**PART III  
PRIVATE PRACTICE**

Establishment of private facilities

**8.**(1) No person shall establish private nursing, maternity services or a maternity home unless that person has been approved and is registered or enrolled by the Council in accordance with the provisions of these Regulations and the Act.

(f) Any person who contravenes, fails or refuses to comply with the provisions of sub regulation 8(1) commits an offence.

Application to register private practice facilities

**9.**(1) An application to registration of private nursing and maternity service shall be submitted to the Registrar.

d Application for establishing and operating private nursing and maternity service in Tanzania shall be made in a form specified in the First Schedule to these Regulations.

e Any person shall be entitled to receive license to operate private nursing and maternity service upon payment of prescribed fees.

Supervisory Authority	<p><b>(3)</b> The Supervisory Authority shall be responsible on behalf of the Council to inspect and advise the Council for approval of establishing and operating private nursing and maternity service in Tanzania.</p>
License Renewal	<p><b>11.</b> The license to operate private nursing or midwifery practice shall be renewed every year of practice upon payment of the prescribed fee.</p>
Work experience	<p><b>12.</b> Practitioner intending to operating private nursing and maternity service shall have continuous working experience of not less than three years.</p>
Delivery if service	<p><b>13.</b> Private nursing and maternity services shall be delivered according to the code of professional conduct for nurses and midwives and standards established on operating private nursing and maternity services in Tanzania.</p>
Council Responsibilities to private nursing and maternity services	<p><b>14.-(1)</b> The Council shall develop an inspection guideline to private nursing and maternity services.</p> <p>(f) The Council shall have the responsibility for conducting professional audit for nursing and midwifery practice on regular basis.</p> <p>(g) The Council shall ensure that a nurse and midwives do not willful commit any act or omission which may bring the Council , or any of its members or officials , into contempt or disrepute ,or which may hamper the work of the council.</p> <p>(h) The Council shall have powers to withhold the registration to any one who fails to comply with the standards of operation.</p>
Forms	<p><b>15.</b> The following forms specified in the Second Schedule to these Regulation shall be used in performing functions of the Council:</p> <ul style="list-style-type: none"><li>(5) Form B checklist for Assessment of Nursing &amp; Maternity Home Clinic or Services,</li><li>(6) Form C checklist for supervision of nursing and maternity home/clinic or service licence;</li><li>(7) Form E nursing and maternity home/clinic or services Registration Certificate.</li></ul>



**FIRST SCHEDULE**

Made under regulation 9(2)

**THE UNITED REPUBLIC OF TANZANIA**



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**APPLICATION FOR A LICENSE TO OPERATE A MATERNITY/NURSING HOME/CLINIC**

**15. PERSONAL PARTICULARS**

Full name (in block letter)  
.....  
Maiden name (if married)  
.....  
Permanent Address in Tanzania  
.....  
.....  
Tel No.....Fax.....Email  
.....  
Name(s) of Proprietors) of the  
facility.....  
.....  
Type of health facility applied for:  
Nursing home  
.....  
.....  
Nursing Clinic  
.....  
.....  
Maternity home  
.....  
.....

Maternity clinic  
 .....  
 ...

Other  
 .....  
 ...

Location of Facility:

Street .....

Village .....

Ward .....

District.....

Region .....

Date of first Registration .....

Registration number.....

License to Practice number .....

Date of last renewal .....

**B: INSPECTION REPORT**

Comments of Supervisory Authority  
 .....  
 .....  
 .....

Comments of Regional Medical  
 Officer.....  
 ..  
 .....  
 ...

**C: LICENSING OF NURSING AND MIDWIFERY PRIVATE PRACTICE**

C:1 Particulars to be entered in the application form shall be:

Registration Number.....

Full name (incl. Maiden).....

Date of Birth .....

Date of Registration/Enrolment.....

Nationality .....

Sex: MALE..... FEMALE.....

Email .....

C: 2 Working experience of the Applicant/Staff (As per Section 23(2))

S/N	NAME	DATES	PLACE OF WORK	POSITION HELD

Nursing certificate number(s) ...../.....  
Nursing License No..... Valid up to..... (Date, month & year)  
Name of the Facility.....  
Type of Facility: Clinic/Nursing home/Maternity home/.....  
Type of services to be rendered.....  
Location.....Street/Village.....Town.....District.....Region.....  
Name of the Applicant..... Signature of the Applicant..... Date.....

For Official Use Only

Comments.....  
.....  
.....

Name of Supervisory Authority.....  
Signature.....  
Date.....  
Stamp of Supervisory Authority.....  
Signature of Registrar.....  
Date.....  
Stamp of TNMC

**SECOND SCHEDULE**

Made under regulation 15(a)



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**CHECKLIST FOR ASSESSMENT OF NURSING & MATERNITY HOME/CLINIC OR SERVICES**

**INFORMATION OF THE UNIT**

Name of the Health facility.....  
 Village/Street.....  
 Ward .....  
 District .....  
 Region .....  
 Date .....  
 Permanent address .....

**INFORMATION FOR THE OWNER OF THE HEALTH FACILITY**

Name.....  
 Qualification .....  
 Telephone number .....  
 E-mail address.....  
 Fax .....  
 Permanent address .....

**AREAS TO BE ASSESSED FOR NURSING & MATERNITY HOME/CLINIC OR SERVICES**

Type of Unit (Nursing/Maternity/Clinic (specify)).....

NURSING SERVICES		MATERNITY SERVICES	
Type of Service	Tick available Only	Type of Service	Tick available Only
Treatment of common/minor illness		Delivery care including emergency obstetric care	
Ophthalmic services		Domiciliary delivery care	

Treatment of minor wounds		Focus ant- natal care	
Syndromic treatment STI's		Post natal care	
Health education/IEC		PMTCT	
Counseling		Family planning services	
ART care		Vaccination services	
DOT		Post abortion care	
Referral services		Syndrome treatment of STI	
Home based care		ASRH / YFS	
Home visiting		Growth monitoring	

Occupational Health services		Home based care	
Mental health services rehabilitation		Home visiting	
Geriatric services		Health education/IEC birth preparedness/nutrition breast feeding	
Ambulance& Emergency Services		Diagnosis and treatment of minor/common illnesses	
Hospice care		Treatment of minor wounds	
		Neonatal care	

**BUILDING INFRASTRUCTURE**

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
1	<ul style="list-style-type: none"> <li>• Building infrastructure</li> <li>(ϕ) Appropriateness of location and site of the building</li> <li>(γ) General Conditions of the building (painting, ceiling wall etc)</li> <li>(η) Safety and durability</li> <li>(ι) Ventilation</li> <li>(φ) Spacing</li> <li>(κ) Water supply (specify source .....)</li> <li>(λ) Lighting (specify type of source .....)</li> <li>(μ) Toilets and bath room</li> <li>(ν) Laundry</li> <li>(ο) Floor pattern</li> <li>(π) Stores</li> </ul>					

	(γ) Number and size (4X4m) of rooms						
--	-------------------------------------	--	--	--	--	--	--

**SECURITY, SAFETY AND COMMUNICATION**

12.	<ul style="list-style-type: none"> <li>•General security of the environment</li> <li>Fire fighting equipment available (eg sand buckets)</li> <li>Condition and availability of road to referral health facility</li> <li>Accessibility of public transport</li> <li>Referral plan in place,</li> </ul>					
-----	---	--	--	--	--	--

(5) **ENVIRONMENT SANITATION**

Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
------	----------------	-----------	-------------------	-----------	----------

	(κ) Drainage system functioning (λ) Waste disposal facilities available and in good order (μ) General cleanliness of Environment/surrounding					
--	--	--	--	--	--	--

**OTHER OBSERVATIONS**

	(6) Equipment and supplies (7) Almost all the necessary equipment and supplies available and in good order (8) Secure and adequacy of storage space					
5	Medicines storage places and cupboards					
6	Human Resources Adequate number of skilled personnel verified certificates of skilled personnel					
7	Referral system <ul style="list-style-type: none"> <li>• Referral plans in place, all staff aware</li> <li>• Appropriate transport available at an easy access</li> <li>• Appropriate communication to the referral point available.</li> </ul>					
8	Guidelines / Protocols present – <i>where relevant:</i>	Yes	No	Comments		

	<p>β Antenatal Assessment Guideline – FANC/MoH</p> <p>χ Infection Prevention and Control – IPC</p> <p>δ IMCI Guideline – WHO/MoH</p> <p>ε Nursing &amp; Midwifery Guidelines for Practice – MoH</p> <p>φ National List of essential Equipment for Nursing and Midwifery Procedures – MoH</p> <p>γ Treatment Protocols: Malaria, STI's,</p> <p>η Post abortion care guidelines</p> <p>ι Guidelines for care of Patients of HIV/AIDS – MoH</p> <p>φ Guidelines for care of TB patient -MoH</p> <p>κ Guidelines for PMTCT</p>			
(4)	Other relevant guidelines / Protocols in use			

**General comment of supervisors**

.....

.....

.....

.....

.....

**Statement of Agreement after supervision**

Owner of the private practice:

Name .....

Signature.....

Supervisors:

Name .....

Signature.....



Made under regulation 15(b)



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**CHECKLIST FOR SUPERVISION OF NURSING & MATERNITY HOME/CLINIC SERVICES**

**INFORMATION FOR THE UNIT**

Name of the Health facility.....  
 Village/Street.....  
 Ward .....

District .....

Region .....

Date .....

Permanent address .....

**INFORMATION FOR THE OWNER OF THE HEALTH FACILITY**

Name.....  
 Qualification .....

Telephone number.....

E-mail address.....

Fax .....

Permanent address.....

**AREAS FOR SUPERVISION OF NURSING & MATERNITY HOME/CLINIC SERVICES**

Type of Unit (Nursing/Maternity/Clinic (specify))  
 .....

NURSING SERVICES		MATERNITY SERVICES	
Type of Service	Tick available Only	Type of Service	Tick available Only
Treatment of common/minor illness		Delivery care including emergency obstetric care	
Ophthalmic services		Domiciliary delivery care	
Treatment of minor wounds		Focus ant- natal care	
Syndromic treatment STI's		Post natal care	

Health education/IEC		PMTCT	
Counseling		Family planning services	
ART care		Vaccination services	
DOT		Post abortion care	
Referral services		Syndrome treatment of STI	
Home based care		ASRH / YFS	
Home visiting		Growth monitoring	
Occupational Health services		Home based care	
Mental health services rehabilitation		Home visiting	
Geriatric services		Health education/IEC birth preparedness/nutrition breast feeding	
Ambulance& Emergency Services		Diagnosis and treatment of minor/common illnesses	
Hospice care		Treatment of minor wounds	
		Neonatal care	

**BUILDING INFRASTRUCTURE**

Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
Appropriateness of location and site of the building General Conditions of the building (painting, ceiling wall etc) Safety and durability Ventilation Spacing  Water supply (specify source .....) Lighting (specify type of source .....) Toilets and bath room Laundry Floor pattern Stores Number and size (4X4m) of rooms (.....)					

**SECURITY, SAFETY AND COMMUNICATION**

	General security of the environment Fire fighting equipment available (eg sand buckets) Condition and availability of road to referral health facility Accessibility of public transport Referral plan in place,					
--	--	--	--	--	--	--

**ENVIRONMENT SANITATION**

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
(c)	Drainage system functioning Waste disposal facilities available and in good order General cleanliness of environment/surrounding					

**OTHER OBSERVATIONS**

(5)	Equipment and supplies Almost all the necessary equipment and supplies available and in good order Secure and adequacy of storage space					
(6)	Drugs and Utilities Necessary drugs and utilities available in stock					
(7)	Human Resources Adequate number of skilled personnel Adequate number of supporting staff available Uniforms worn as prescribed					

5	Record keeping and management system Daily records available Monthly reports indicated 3 monthly reports indicated Annual reports indicated Licensing documentation					
6	Training Continuing education to staff indicated Clients and families well informed on relevant health issues e.g. Posters on wall sessions on progress schedules for sessions					
7	Referral system Referral plans in place, all staff aware Appropriate transport available at an easy access Appropriate communication to the referral point available.					
8	Guidelines / Protocols present – where relevant:	Yes	No	Comments		
	Antenatal Assessment Guideline – FANC/MoH Infection Prevention and Control – IPC IMCI Guideline – WHO/MoH Nursing & Midwifery Guidelines for Practice – MoH National List of essential Equipment for Nursing and Midwifery Procedures – MoH Treatment Protocols: Malaria, STI’s, Post abortion care guidelines Guidelines for care of Patients of HIV/AIDS – MoH Guidelines for care of TB patient -MoH Guidelines for PMTCT					
(8)	Other relevant guidelines / Protocols in use					

**General comment of supervisors**

.....  
.....  
.....  
.....

**Statement of Agreement after supervision**

**Owner of the private practice:**

Name ..... Signature..... Date .....

**Supervisors:**

Name ..... Signature..... Date .....

Regional Nursing Officer ..... Signature  
..... Date .....

FORM D

\_\_\_\_\_  
Made under regulation 15(c)  
\_\_\_\_\_



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NURSING/MATERNITY HOME, CLINIC OR SERVICE LICENSE**

By virtue of the powers granted to the Council under section 49 of the Nursing and Midwifery Regulation Act, 2010

It is hereby certified that:-

\_\_\_\_\_  
owned by

\_\_\_\_\_  
is licensed to provide Nursing/ Maternity Home, Clinic or Service.

This license is valid until  
\_\_\_\_\_

..... Chairman  
..... Registrar  
Registration Number .....  
Licence Number .....  
Date .....

Seal

This license should be renewed annually.

FORM E

\_\_\_\_\_  
Made under regulation 15(d)



**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NURSING & MATERNITY HOME /CLINIC OR SERVICES REGISTRATION  
CERTIFICATE**

*By virtue of the powers granted to the Council under section 49 of the Nurses and Midwives Act,  
2010*

***It is hereby certified that:-***

\_\_\_\_\_

—  
owned by

\_\_\_\_\_

—  
is registered by this Council

..... Chairman

..... Registrar

Registration Number .....

Date .....

Seal and photo

This license should be renewed annually.

Dar es Salaam,  
25<sup>th</sup> October, 2010

**DAVID H. MWAKYUSA**  
*Minister for Health and Social Welfare*



GOVERNMENT NOTICE 424 published on 12/11/2010

THE NURSING AND MIDWIFERY REGISTRATION ACT

( NO I OF 2010)

**REGULATIONS**

Made under section 49 (2) (g) and (1)

THE NURSING AND MIDWIFERY (FITNESS TO PRACTICE)  
REGULATIONS, 2010

PART I  
PRELIMINARY PROVISION

Short title                   **1.** These Regulations may be cited as the Nursing and  
Midwifery (Fitness to Practice) Regulations, 2010

Interpretati  
on                               **(f)** In these regulations, unless the context requires  
otherwise:

“Council” means the Nursing and Midwifery Council established  
under section 4 of the Act;

“Act” means the nursing and midwifery Registration Act, 2010;

“complainant” means a person who makes a complaint or gives  
information to the Council;

“Registrar” means the Registrar of the Council appointed under  
section 9 of the Act;

“practitioner” means a nurse or midwife registered or enrolled,  
under the Act;

“unfitness to practice” has the meaning ascribed to it in the Act.

Complaina  
nt against  
a nurse or  
midwife                   **3.-(1)** Where a complaint is made by a person or body of  
persons against a nurse or midwife to the effect that his fitness to  
practice is impaired or an entry in the register relating to him has  
been fraudulently procured or incorrectly made such complaint  
shall be formulated in writing and addressed to the Supervisory  
Authority or Registrar, stating the ground of the act complained of.

(19) The complaint under sub-regulation (1), shall contain  
the following information:

- (e) name and address of the Complainant;
- (f) name and address of the Practitioner;
- (g) complaint statement;
- (h) name and signature of the complainant;

document or information that may assist the complainant, if any.

(9) Subject to sub-regulation (2), the public complaint report shall be in a form as prescribed in the First Schedule to these Regulations.

Preliminary inquiry supervisory Authority or Registrar to make

**(13)** Where an allegation is made to or an information is received by the Council, any member of the Council, the Supervisory Authority or Registrar, that a practitioner's fitness to practice is impaired is or an entry in the register relating to him has been fraudulently procured or incorrectly made the Supervisory Authority or Registrar, shall make a preliminary inquiry of the case and report to the Council.

Preliminary inquiry

**5.-(1)** In the course of preliminary inquiry the Supervisory Authority, Registrar or any other person appointed by the Council shall have power to ask the nurse or midwife, against whom a complaint is made or in respect of whom an information has been received, as the case may be, for any explanation.

(j) Notwithstanding the provisions of sub-regulation (1), the supervisory Authority Registrar or any other person appointed by the Council may cause further investigation to be made or further evidence to be obtained and shall seek any advice and assistance which he thinks fit.

Practitioner to be supplied with copies of complaint

**(9)** The Supervisory Authority, Registrar or any other person appointed by the Council may in any case of which a complaint is made or information is received, and shall in any case where he asks a practitioner for an explanation, supply the practitioner with copies of the complaint or a summary of the information, as the case may be, together with particulars which shall enable that nurse or midwife to prepare his reply.

Practitioner to be suspended

**7.-(1)** Where the Supervisory Authority or Registrar is satisfied that it is necessary for the protection of the public or in the interest of the person concerned, may temporarily suspend the practitioner from practice as provided in sections 10 (h) and 13 (2) (f) of the Act.

The notice for interim suspension shall be save to a nurse or midwife in Form D as prescribed in the Second Schedule

to these Regulations.

f The Supervisory Authority or Registrar prior to suspend a practitioner, shall form a technical team of not more than three persons to deliberate on the matter and advice him accordingly.

Preliminary  
(g) inquiry  
report

**8.**-(1) Where the Supervisory Authority, Registrar or any other person appointed by the Council has completed his preliminary inquiry, he shall submit a report to the Council.

(4) The report shall be accompanied with the following documents or information-

- (i) preliminary inquiry report;
- (j) a copy of complaint or summary of information;
- (k) any other document or information that will assist the Council to determine the complaint.

Finding of  
the  
Council

**9.**-(1) Upon receipt of the report the Council shall, determine whether or not to hold an inquiry.

(8) Where the Council is of the opinion that no *prima facie* case for an inquiry is made out against the nurse or midwife, the Council shall direct the Registrar to inform both the nurse or midwife and the complainant of the Council's findings.

Hold of an  
inquiry

**10.**-(1) Where the Council is of the opinion that a *prima facie* case for inquiry is disclosed, the Council shall hold an inquiry.

16. The Registrar shall within seven days before an inquiry, provide each member of the Council with a copy for all material documents which have been lodged with him.

Representa  
tion by an  
advocate  
or  
supervisor  
y authority

**11.**-(1) A complainant and the nurse or midwife may be represented by an advocate.

(q) Where there is no complainant the supervisory authority of the place where the respondent works may present the case against the practitioner.

Notice of  
Inquiry  
holding

**12.**-(1) Where an inquiry has been directed to be held, notice of the inquiry in the manner set out in Form A of the Third

any

Schedule to these Regulations shall be served by the Registrar on the practitioner concerned and that notice shall specify the charge or charges in respect of which the inquiry is made.

(2) The Complainant shall have a right to be copied with the notice served to the Practitioner.

(3) The notice served to the Practitioner and Complainant shall be of not less than fourteen days prior to the date of holding an inquiry.

Rights of parties to documents

**13.** Every part shall, for the purpose of his defense or reply and upon request in writing to the Registrar be entitled to be supplied by the Registrar, with a copy of any relevant document including explanation, declaration, reply or other document given or sent to the Council by or on behalf of the other party.

Notice to admit facts

**(h)** The complainant and the practitioner may at any time prior to the date of holding the inquiry serve upon the other a notice in writing asking him to admit in writing any facts or produce any document which are specified in such notice, material to the complaint or information or defence.

Summonin  
13. o  
f  
witnesses

**15.**-(1) Summons issued by the Council under the Act shall be in Form B or Form C set out in the Fourth Schedule to these Regulations with such variations as circumstances may require.

(6) Witness expenses shall be at the rate currently in force for witnesses in the High Court, and shall be paid by-

- (n) the Registrar where the witness is called by and on behalf of the Council;
- (o) the complainant where the witness is called by or on behalf the complainant; and
- (p) the practitioner where the witness is called by or on behalf of the practitioner.

Service of notice

**16.** Service of any notice or document required by these Regulations shall be deemed to be effected-

- (9) served personally on the person to be served; or
- (10) sent by registered post address to him at his last known address; or
- (11) in the case of service of any notice or document on a complainant or the practitioner, if sent by registered post addressed to any advocate appointed by him, and proof that such notice or document was served

personally or was so addressed and posted shall be proof of service

Non appearance of a party

**17.**-(1) Where at the time of inquiry one or both parties have not appeared for inquiry, the Council may order a second notice be served to the parties.

1 Where the Council has ordered a second notice be served to the parties shall adjourn the inquiry to such time, place and dates

Inquiry to be public

**18.** The place where the inquiry is held shall be open to the public so far as the same can conveniently contain them

Exclusion of public at inquiry

**(5)** Notwithstanding Regulation 18, the Council may, at any stage of the inquiry, exclude the public generally or any particular person

Council to be satisfied that notice of inquiry served

**(6)** At the opening of the inquiry the charge or charges shall be read and, if the practitioner concerned is not present, the Council shall satisfy itself that notice of the inquiry was duly served on him as prescribed by these Regulations and section 27 of the Act; the Council shall proceed with the inquiry as if the practitioner were present.

Procedure

**21.**-(1) The complainant shall open the case and produce his evidence in support of it and the Council shall then call upon the practitioner to state his case and produce evidence in support of it.

(d) At the conclusion of the case by the practitioner, the complainant may address the council in reply.

Evidence and examination of witnesses

**22.**-(1) Evidence may be taken by the Council orally or by written statements and, if orally, shall be given upon oath or affirmation administered by the Chairman or, if written, shall be in the form of an affidavit or statutory declaration.

(8) Where a witness is called by a party he shall be first examined by the part that called him and then examined by the Council.

(9) Where a deponent to a document is present at the inquiry and refuses to submit himself to cross – examination the Council may refuse to admit his evidence.

Council  
may  
question  
witnesses

**22.** Members of the Council may, through the Chairman, put such questions to the parties or witnesses as they think desirable.

Adjournmen  
(9) and  
deliberations

**24.**-(1) At any stage of the inquiry the Council may adjourn to consider any matter arising from the inquiry

(g) At the conclusion of the hearing, the Council shall deliberate on it in camera.

(h) No person other than a member of the Council shall be entitled to be present at any meeting of the Council during an adjournment or during its deliberations under the provisions of these Regulations except that a legal adviser shall be present.

Records of  
the Inquiry

**25.**-(1) Notes of the proceedings of the inquiry, other than of the deliberations of the Council which are held in camera, may be recorded by a person appointed for the purpose by the Chairman.

(f) Any part who appears at the proceedings shall be entitled to inspect the transcripts and the Registrar shall, if so required, supply a copy of transcript to that person, or to his advocate, for purposes of appeal, and if no notes were taken the chairman or any other member of the Council authorized by the Chairman or the registrar, shall take notices of the proceedings, other than of the deliberations held in camera, and the provisions of this Regulation in relation to the inspection and taking of copies shall apply to such notes.

Finding

**26.**-(1) The decision of the Council shall be recorded by the Chairman under his own hand and shall be announced by him in public in such terms as the Council approves.

(9) Pursuant to the provisions of the Act, the service of a decision of the Council shall, within seven days, be made by the Registrar in person or by sending the decision by registered mail to the last known address of the Complainant and the investigated Practitioner.

(10) The Council may review a decision made under paragraph (1) if new evidence relevant to the decision becomes available after the decision has been made and may revoke the decision if it considers that it should not have been made

Appeal  
against the  
decision of  
the  
Council

**27.**-(1) Any person who is aggrieved by the decision of the Council may, within three months from the date of the notification of the decision, appeal to the Minister.

d A person appealing against such decision, shall, submit his appeal-

- (4) in writing addressed to the Minister;
- (5) stating the names of the parties;
- (6) stating grounds of appeal;
- (7) attaching a copy of the decision of the Council; and
- (8) may attach any other document, if any.

24. The appeal submitted by the appellant under sub regulation (2), shall be signed and dated.

25. The parties to the appeal shall be entitled to a copy of the appeal to be served by the appellant at the last known address.

Appeals  
procedure

**28.**-(1) Upon receipt of the appeal under these Regulations or under section 31 of the Act, the Minister may,

- (d) instruct the Registrar to submit records of the proceedings of the inquiry which made the decision; and
- (e) allow both the appellant and the complainant, Respondent or Council an opportunity to be heard by presenting himself or in writing in support of, or against the appeal, as the case may be.

(5) Notwithstanding the provisions of sub-regulation (1) of this Regulations, the Minister may determine the appeal in the absence of the appellant and in any case, unless exceptional circumstances exists, the Minister shall ensure that every appeal is concluded within ninety days from the date of receipt of representation made under regulation 26.

(6) No findings made or punishment imposed by the Council under the provisions of the Act or these Regulations shall be reversed or set aside on the ground only of any irregularity in the conduct of inquiry, but in any case where there is a reversal, and the Minister is of the opinion that such irregularity has occasioned injustice, the Minister may direct that the inquiry proceedings commence afresh.

Decision  
of the  
Minister

**29.**-(1) Where the Minister varies or alter the decision of the Council and substitutes with any other decision, the variation or alteration shall have effect from the date of the original decision.

(f) Pursuant to the provision of the Act, the Minister shall, within one month after the decision of the appeal, serve a notice of such decision to the concerned person by registered mail to the last known address of the Complainant, the investigated Practitioner and the Council.

(g) Any person aggrieved by the decision of the Minister may, within three months from the date of the notification of the decision, refer the matter to the high court.

Revocation  
of G.N.  
No. 303 of  
2003

**30.** The Nurses and Midwives Council (inquires) Regulations, are hereby revoked.

---

## **SCHEDULES**

---



FIRST SCHEDULE

Made under regulation 3(3)

TANZANIA NURSING AND MIDWIFERY COUNCIL

PUBLIC COMPLAINT REPORT OF POSSIBLE VIOLATION

Any person who has reasonable cause to suspect misconduct or incapacity of a Nurse or Midwife is in violation of professional conduct including those actions specified in section 25 (2) and (3) of Nursing and Midwifery Act, 2010, shall report the relevant facts to the Council or Supervisory Authority. Upon receipt of such charge or upon its own initiative, the Council may give notice of an administrative hearing or may, after diligent investigation, dismiss unfounded charges. Any person making a report pursuant to this section shall be immune from any criminal prosecution or civil liability resulting there from unless such person knew the report was false or acted in reckless disregard of whether the report was false

Instructions for use of Public Complaint Report Form

- C. Enter the information requested in each section of the complaint form. If more than one nurse is being reported a separate form should be used for each nurse being reported
D. Anonymous complaints are accepted and will be investigated if sufficient identification information for the practitioner is submitted. It must be able to properly identify the nurse in question before inquiry can proceed.
E. All complainants who identify themselves with contact information will be notified in writing as to the final disposition of the complaint. If a complaint is received anonymously Council will not reveal the final outcome to interested callers.
F. If you have questions regarding how to fill out/submit the complaint form you may contact the Nurse Manager of the facility.

Particulars of Complainant

Name of reporting Person.....
Address.....
Telephone.....



FORM D

\_\_\_\_\_  
**SECOND SCHEDULE**

Made under regulation 7(2)  
\_\_\_\_\_

**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NOTICE TO A REGISTERED, ENROLLED NURSE OR MIDWIFE ON INTERIM  
SUSPENSION**

I .....,the Supervisory Authority of.....health institution/District/Region, give you notice (1)\* (that information and evidence have been laid before me by ..... which the complainant makes the following charge(s) against you, namely); or (1)\* (that information and evidence have been received by me from which it appears) (2) (a)\* (that being a registered practitioner you .....and (b) that in relation to the facts so alleged you have been in charge of infamous conduct in a professional respect).

I am satisfied that it is necessary for the protection of members of the public or in the interest of the person concerned, temporarily suspend you from practicing nursing and midwifery services for a period of ....., and the suspension becomes effective from..... pending the decision of the Council as provided in section 13 (2) (c) and (d) of the Nursing and Midwifery Act, 2010.

Copies of section 13 (2) (c) and (d) of the Nursing and Midwifery Act, 2010 and the Nursing and Midwifery Council (Inquiries) Regulation, 2010 are enclosed for your information.

.....

**Supervisory Authority**  
**Tanzania Nursing and Midwifery Council**

.....

**Copy to be served:**

.....  
.....  
.....

\_\_\_\_\_  
\*Strike out whichever does not apply

FORM A

**THIRD SCHEDULE**

Made under regulation 12

**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**NOTICE TO A REGISTERED, ENROLLED NURSE OR  
MIDWIFE ON AN INQUIRY**

On behalf of the Tanzania Nurses and Midwives Council, I give you notice (1)\* (that information and evidence have been laid before the Council by ..... which the complainant makes the following charge against you, namely); or (1)\* (that information and evidence have been received by the Council from which it appears) (2) (a)\* (that being a registered practitioner you .....and (b) that in relation to the facts so alleged you have been guilty of infamous conduct in a professional respect) 1 or (2)\* (That on the .....day of ..... You were convicted on the following ..... At .....namely .....) and I am directed to give you notice that on the .....day of .....at .....a meeting of the Tanzania Nurses and Midwives Councils will be held .....a.m./p.m. to consider the above mentioned charge or charges against you and to decide whether or not they should direct that your name be removed from the register or should caution or censure you are suspend you from practice pursuant to section 6(j) of the Nursing and Midwifery Registration Act, 2010.

You are requested to answer in writing the above charge or charges and to appear before the Tanzania Nurses and midwives Council at the above named place and time to establish and denial or defence that you may have to make and you are hereby informed that if you do not attend and required the Council may proceed to hear and decide upon the said charges in your absence.

Any answer, document or other communication or application which you may desire to produce or make respecting the said charge or charges, on your defence, should be addressed to me and dispatched so as to reach me not later than..... days, before that date appointed for the hearing of this matter.

Copies of section 6(j) of the Nursing and Midwifery Act, 2010 and the Nursing and Midwifery Council (Inquiries) Regulation, 2010 are enclosed for you information.

.....  
**Registrar**  
**Tanzania Nursing and Midwifery Council**

**Copy to be served upon the Complainant:**

.....  
.....

\_\_\_\_\_  
\*Strike out whichever does not apply

—————  
**FOURTH SCHEDULE**  
—————

Made under regulation 15  
—————

**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**FORMS OF SUMMONS TO PRODUCE EVIDENCE**

In the matter of C, D, a registered/temporarily  
Registered/provisionally registered\*  
Enrolled Nurse/Midwife

In the matter of the Nursing and Midwifery Registration Act, 2010

You are required in the above matter to:

\*(a) attend and produce personally before the Nursing and Midwifery Council on the  
..... day of ..... 20..... at ..... O'clock in the  
..... noon, the under mentioned document(s); or \*(b) Cause to be  
produced to the Council on or before the ... day of ..... 20..... at  
..... O'clock in the ..... noon, the under mentioned  
document(s)

.....  
And herein fail not

Given under my hand at Dar es Salaam this ..... day of ..... of 20.....

.....  
**Registrar**  
**Tanzania Nursing and Midwifery Council**

**Copy to be served:**

.....  
.....  
.....  
.....

\*Delete where inapplicable

**FOURTH SCHEDULE**

Made under regulation 15

**TANZANIA NURSING AND MIDWIFERY COUNCIL**

**FORMS OF SUMMONS TO GIVE EVIDENCE**

In the matter of A, B, a registered/temporarily  
Registered/provisionally registered\*  
Enrolled Nurse/Midwife

In the matter of the Nursing and Midwifery Act, 2010  
WHEREAS your attendance is required to give evidence on behalf of  
..... in the above matter, you are hereby required to appear before  
the Tanzania Nurses and Midwives Council on the day of ..... 20 ..... at .....  
in the ..... noon (and to bring with you the under mentioned document)\*

And herein fail not.  
Given under my hand at Dar es Salaam this ..... day of .....  
of 20 .....

.....  
*Registrar*  
Tanzania Nursing and Midwifery Council

**Copy to be Served**

.....  
.....  
.....  
.....

\*Delete where inapplicable

**Certification**

I **CERTIFY** that all information that I have provided herein is true and correct to the best of  
my knowledge.

Dar es Salaam  
....., 2010

**DAVID H. MWAKYUSA**  
*Minister for Health and Social Welfare*