



ZANZIBAR NURSES AND MIDWIVES COUNCIL
APPLICATION FOR RENEWAL OF LICENCE

1. Personal Information:

Full Names (Block letters):

Date of Birth: / / Sex: Address: Nationality:

Zanzibar ID National ID Passport ID: ID Number:

Mobile Number: Email address:

Registration Number: License Number: Expired Date:

2. Employer Information:

Name and Address of Employer:

.....

3. Tick your current Work Station

- | | |
|---|---|
| <input type="checkbox"/> Hospital Name: | <input type="checkbox"/> PHCU+: Name: |
| <input type="checkbox"/> PHCU: Name: | <input type="checkbox"/> Dispensary/Clinic: Name: |
| <input type="checkbox"/> NGO: Name: | <input type="checkbox"/> Project: Name: |
| <input type="checkbox"/> Nursing Institution: Name: | <input type="checkbox"/> MoH Head Office |
| <input type="checkbox"/> DHMT: Name: | <input type="checkbox"/> International organization |
| <input type="checkbox"/> Self-Employment | |

4. Current Work Zone and District

Zone Unguja Pemba

District Name:

5. Declaration

Ideclare that the information given in this form is true to the best of my knowledge.

Signature: Date:

Mention long or short course attended for the last 3 years (please specify).....
.....
.....

Enclose registration fee

NOTE:

It is a legal requirement to renew nurses' license after every three years.

- A fee of TShs. **50,000/=** for Registered Nurse shall be paid if the form is submitted before **31st December**, of the year.
- A fee of TShs. **60,000/=** for Registered Nurse shall be paid if the form is late submitted between **01/01/** of the year – **30/6/** of year.
- The amount is payable using **Control Number available at ZNMC office**

Attachment

- Copy of Registration and License
- Copy of Zanzibar ID or National ID or Passport
- Copy of any additional professional awarded (Example: from Diploma to BScN/MScN)
- Bank payment receipt*

OFFICIAL USE ONLY

Approved/Not approved

Reason.....

Valid from..... Valid to.....

Sign of chairperson.....

Sign of registrar.....

Date.....

Date.....

**Send to:
The Registrar
Zanzibar Nurses and Midwives Council
P. O. Box 236 Zanzibar
Mobile +255773530927**

Email: znursemidwives@gmail.com

Website: www.znmc.or.tz