



NURSING AND MIDWIFERY COUNCIL OF ZAMBIA
(Nurses and Midwives Act. No. 10, 2019)

**APPLICATION TO BE MAINTAINED ON THE
FULL/TEMPORARY/PROVISIONAL/SPECIALIST REGISTER IN A NON-
PRACTICING CATEGORY**

Please Complete in **BLOCK LETTERS**

Photo
Supply 2 recent
photographs

SECTION 1: PARTICULARS OF APPLICANT

A. Personal Particulars

No.	Personal Information	Please Complete
1.1	Surname	
1.2	Forename	
1.3	Other Names	
1.4	Nationality	
1.5	NRC Number	
1.6	NMCZ Number	
1.7	NMCZ Specialty Number (if applicable)	
1.8	Passport Number	
1.9	Date of Birth	
1.10	Sex	
1.11	Postal Address of Place of Work	

1.12	Permanent Place of Residence (Province and District)	
1.13	Mobile Number.	
1.14	E-mail address	
1.15	Marital Status	
1.16	Names of Next of Kin	
1.17	Relationship with Next of Kin	
1.18	Next of Kin Phone Number	
1.19	Next of Kin Email Address	

B. Professional Nursing and/or Midwifery Qualifications Obtained

Name of College and/or University attended (Start with the latest)	Cert/Dip/Degree/Masters/PhD	Period (date/Month/Year)	
		From	To

SECTION 2: EMPLOYMENT BACKGROUND

S/N	Question	
2.1	When were you registered as a Nurse/Midwife?	
2.2	Where was your last place of employment in Zambia?	
2.3	What was your designation at your last place of employment in Zambia?	
2.3	Who was your immediate supervisor at your last place of employment in Zambia?	
2.4	Are you currently employed outside Zambia?	
	If your answer in above was yes, where are you currently employed?	
	Who is your supervisor at your current place of employment outside Zambia?	

	Please provide the institutional email address of your current employer	
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SECTION 3: REASONS FOR MAINTENANCE IN THE FULL/TEMPORARY/PROVISIONAL/SPECIALIST REGISTER IN A NON-PRACTICING CATEGORY

Please give reasons for retention on the Register in a Non-practicing category and any other information you may deem relevant.

SECTION 4: REGISTER DETAILS

REGISTER CURRENTLY REGISTERED UNDER (Please tick the register under which you are currently placed)		PERIOD TO BE MAINTAINED IN A NON-PRACTICING CATEGORY	
		From	To
Full			
Temporary			
Provisional			
Specialist			

SECTION 5: DOCUMENTS SUBMITTED IN SUPPORT OF APPLICATION

S/N	Tick the documents submitted to support your application	(Tick)
5.1	NRC (certified copy)	
5.2	Passport (certified copy)	
5.3	Professional Registration Certificate(s) (certified copy)	
5.4	Grade 12 Certificate or Equivalent (certified copy)	
5.5	2 recent passport size photos (formal dressing & no jewellery) with name on back	
5.6	Letter of Resignation/Retirement/Termination	
5.7	Acceptance by Employer of Letter of Resignation/Retirement/Termination	

SECTION 6: PERSONAL DECLARATION BY APPLICANT

I _____, hereby apply to be maintained on the forenamed register in a non-practicing category in accordance with Section 28 of the Nurses and Midwives Act No. 10 of 2019, and declare that to the best of my knowledge, the information given herein is correct and accurate.

And I make this solemn declaration, conscientiously believing the same to be true.

Signed _____

Date: _____

COMMISSIONER FOR OATHS

Please return this duly completed form to:

**The Registrar and Chief Executive Officer, Nursing and Midwifery Council of Zambia P.O. Box 33521 LUSAKA
Tel: +260 211 221284 Fax: +260 211 224893 or email nmcz@nmcz.org.zm**

FOR OFFICE USE ONLY

SECTION 7: VERIFICATION OF APPLICATION

S/N	Tick the documents received to support application	(Tick)
7.1	NRC (certified copy)	
7.2	Passport (certified copy)	
7.3	Professional Registration Certificate(s) (certified copy)	
7.4	Grade 12 Certificates or Equivalent (certified copy)	
7.5	2 passport size photos (natural hairs, formal dressing & no jewelry) with name on back	
7.6	Letter of Resignation/Retirement/Termination	
7.7	Acceptance by Employer of Letter of Resignation/Retirement/Termination	
7.8	Others	

1. Date application approved _____
2. Date Application rejected and reasons for rejection

3. Officer's Signature _____

Date: _____

Address of the recipient

Dear sir/madam,

**RE: RESTORATION TO THE FULL/TEMPORARY/PROVISIONAL/SPECIALIST REGISTER IN
THE ACTIVE CATEGORY FROM THE NON-PRACTICING CATEGORY**

The captioned matter refers.

Nursing and Midwifery Council of Zambia (NMCZ) is in receipt of your letter dated.....in which you requested to be restored to the active Full/Temporary/Provisional/Specialist register from the non-practicing category.

Your application has been **APPROVED** and you will be required to pay the prescribed practicing certificate fee before the restoration and issuance of a practicing certificate can be effected.

Your Faithfully,

NURSING AND MIDWIFERY COUNCIL OF ZAMBIA

Beauty S. Zimba (Mrs.)
ACTING REGISTRAR AND CEO

Date: _____

Address of the recipient

Dear sir/madam,

RE: RETENTION ON THE FULL/TEMPORARY/PROVISIONAL/SPECIALIST REGISTER IN A NON-PRACTICING CATEGORY

The above captioned matter refers.

Nursing and Midwifery Council of Zambia (NMCZ) is in receipt of your application dated.....to be maintained in the Full/Temporary/Provisional/Specialist Register in a non-practicing category for years with effect from the day of20... to the...day of20....

In line with *Section 28 of the Nurses and Midwives Act, 2019*, your application has been **APPROVED/REJECTED**.

During this period, you **SHALL NOT** practice as a nurse/midwife anywhere in the Republic of Zambia in accordance with *Section 23 and 26(3) and (4) of the Nurses and Midwives Act, 2019*. You are required to surrender your original current practicing certificate to NMCZ and must not keep any copy whether in electronic or hard format.

Please take further note of the following:

1. Once the approved period for retention in a non-practicing category expires you will be expected to renew your practicing certificate for the relevant year, failure to which you will automatically be reverted to the active category and billed accordingly.
2. In the event that you decide to resume your practice as a Nurse/Midwife, you will be required to inform the office of the Registrar in writing and make an application to be restored in the Register under the active category. Please note that your application shall only be processed upon payment of the prescribed practicing certificate fee.
3. In the event that you decide to resume work within the same year of being placed under the non-practicing category, you will be required to immediately renew your practicing certificate in that same year in line with *Section 24(1) and Section 26(1)(2)(3) and (4) of the Nurses and Midwives Act, 2019*.

Your Faithfully,
NURSING AND MIDWIFERY COUNCIL OF ZAMBIA

Beauty S. Zimba (Mrs.)
ACTING REGISTRAR AND CEO

Date: _____

Address of the recipient

Dear Sir/Madam,

RE: TRANSFER FROM NON-PRACTICING CATEGORY TO THE ACTIVE CATEGORY IN THE FULL/TEMPORARY/PROVISIONAL/SPECIALIST REGISTER – YOURSELF

The captioned matter refers.

Nursing and Midwifery Council of Zambia (NMCZ) wishes to inform you that following expiration of the period for maintenance on the Full/Temporary/Provisional/Specialist Register in a non-practicing category, you have since been reverted to the active category.

In line with *Section 24(1)* and *Section 26(1)(2)(3) and (4) of the Nurses and Midwives Act, 2019*, you are therefore immediately required to pay the prescribed practicing certificate fees as well as any penalties you may have incurred for delayed renewal.

Your Faithfully,
NURSING AND MIDWIFERY COUNCIL OF ZAMBIA

Beauty S. Zimba (Mrs.)
ACTING REGISTRAR AND CEO