



QEF(M) NURSING & MIDWIFERY COUNCIL OF NIGERIA

Murtala Mohammed Way, Central Medical Library Compound, Opp. Yaba Terminus,
P.M.B. 21194 Ikeja, Lagos. Tel: 01-7746248

APPLICATION FORM FOR THE FINAL QUALIFYING EXAMINATION FOR MIDWIVES

(This portion is to be completed by the applicant)

Staple 2 passport
Photographs here
with Name and
School Address
written at the back.

SECTION A - PERSONAL DATA

Surname: _____
(In block letters please)

Other Names: _____

Maiden Names: _____
(if any)

Sex: Female Male

Marital Status: Single Married

Name of School: _____

Index Number: _____

SECTION B - PREVIOUS PROFESSIONAL EDUCATION AND QUALIFICATION

Name of Institution	Date of Examination	Qualification Obtained	Registration Number
1.			
2.			
3.			

Declaration

I hereby declare that:

- The above information is true and correct
- I have attended all the lectures during my training up to date
- I enclose here with the prescribed fee of N

.....
Signature of Candidate

Date

SECTION C - THEORY AND CLINICAL EXPERIENCE

(This portion is to be completed by the Principal or Senior Tutor on behalf of the Candidate)

THEORY - COURSES IN HOURS

Courses	Hours of Lectures	No. Of Hours Attended	Lecturer
The Use of English Language	15		
Applied Anatomy and Physiology	30		
Fundamental of Midwifery Practice	15		
Normal Midwifery	60		
Midwifery in the Community	30		
Normal Infant	15		
Complicated Midwifery I & II	60		
Family Planning I & II	30		
Research Methods	15		
Child Health	15		
Management and Teaching	30		

CLINICAL EXPERIENCE IN HOURS

Clinical Areas	Hours of Clinical Experience	Hours Spent
Care of Normal Infant	45	
Complicated Midwifery	45	
Family Planning	135	
Community Based Midwifery Practice	495	
Hospital Based Midwifery Practice	450	
Research (Project)	45	
Total	1,260 Hour	

SECTION D - CERTIFICATION

I Hereby certify that
(Please state candidate's Surname first and other names)

Was admitted as a student Midwife into.....
(Name of School)

From To

She is sitting for the attempt. During the period of training, she had Days sick leave and days vacation

Conduct during training. Satisfactory

Not Satisfactory

.....
Name & Signature of Principal or Head of School and Official Stamp

FOR OFFICE USE ONLY
Examination Number:
Index Number:
Number Of Attempt.....
Signature:.....