

## **NURSING & MIDWIFERY COUNCIL OF NIGERIA**

(Established by Nursing & Midwifery Registration etc Act. Cap. 143, Laws of the Federation of Nigeria, 2004) Plot 713 Cadastral zone, Behind Julius Berger Clinic, Life Camp Gwarimpa, Abuja

## **FORM 001**

## CONTINUING EDUCATION (CE) PRIVATE PROVIDERS' APPLICATION FORM

1.	Name of Organization
2.	Location
	Contact Address
	Contact Telephone Nos:
5.	Contact Email
6.	Website
7.	Programme title
8.	Purpose and objective
9.	Target Audience
10	. CAC Registration Number
11	. Names of Board of Directors and their qualifications
i.	

ii.				
iii.				
iv.				
v.				
vi.				
12. Ty	pe of facility that will be used as venue			
13. Ev	ridence of previous performance	Yes		No (If Yes attach evidence)
14. Evidence of monitoring and evaluation of programme Yes				No
	Signature of CEO and official stamp			Date
Dlagge	a attach the following decuments			

## Please attach the following documents

- Photocopy of receipt of payment of application fee i.
- ii. Photocopy of CAC certificate
- iii. Programme modules/content
- CV of Resource Persons iv.
- List of Support Staff v.
- Evidence of previous performance vi.
- vii. Evidence of plan for Monitoring and Evaluation of programme