GENERAL NURSING COUNCIL OF ZAMBIA
(The Nurses and Midwives Act of 1997)

APPLICATION FOR LICENSE RENEWAL
BIOGRAPHIC DATA

YEAR: 2028

Name: ..... Gender: .....
GNC No: .....
NRC/Passport No: ..... LBN: .....
Postal Address: .....
Email address: ..... Mobile phone number: .....
Designation: ..... Workstation: .....
District: ..... Province: .....

Professional Qualifications

Qualifications	Institution	Year of Completion

Nurse/Midwife's Signature: ..... **Date:** .....

CPD ACTIVITY RECORD **YEAR: 2027** **LBN:** .....

To be completed by nurse or midwife					To be completed by verifier			
No.	**Date/s**	**Activity category**	**Activity description**	***CPD Provider details***	***CPD points***	**Method of Verification**	**Verifier's name**	**Signature**
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Approved by the Supervisor

Name: ..... Designation: ..... Signature: ..... Date: .....