



IUM
INTERNATIONAL
UNIVERSITY OF MANAGEMENT

OFFICE OF THE DEAN: FACULTY OF HEALTH SCIENCES

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E-mail: a.vandyk@ium.edu.na

Windhoek – Namibia

28 August 2026

TO WHOM IT MAY CONCERN

RE: CONFIRMATION OF STUDENT STATUS- [REDACTED]

This letter serves to confirm that [REDACTED] was a student at the International University of Management (IUM), Faculty of Health Sciences, Department of Nursing and Midwifery.

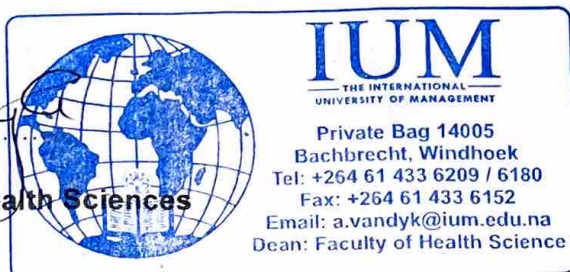
Ms [REDACTED] recently completed and graduated with a Bachelor of Nursing Honours degree from IUM in May 2026.

Kindly find attached a copy of the Nursing Council registration form of her theoretical and practical work, which were submitted to the Nursing Council as part of the requirements for her professional registration.

Should you require any further information or clarification, please do not hesitate to contact our office.

Yours faithfully,


Prof. A van Dyk
Dean: Faculty of Health Sciences



Main Campus

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Eenhana Campus

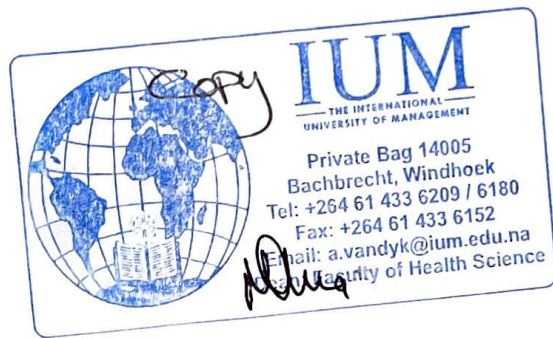
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Website: www.ium.edu.na

NB: Correspondence Invalid without IUM Stamp

A NAMIBIAN UNIVERSITY DEDICATED TO ITS PEOPLE'S FUTURE



NOTIFICATION OF COMPLETION OF TRAINING: BACHELOR IN NURSING HONOURS DEGREE

DETAILS OF THE NURSING EDUCATION INSTITUTION

Name as approved by the Council	International University of Management
Client Number	[REDACTED]
Accreditation certificate Number	[REDACTED]
Physical address	[REDACTED] 21 Herero Street, Windhoek, Namibia

Telephone Number	[REDACTED]
Fax Number	[REDACTED]
e-mail address	[REDACTED]

DETAILS OF THE PERSON IN CHARGE OF THE NURSING EDUCATION INSTITUTION

Name of person in charge of the Nursing Education Institution	Professor [REDACTED]
NCN client number	[REDACTED]
Professional qualifications (not academic qualifications)	Registered Nurse
	Registered Midwife
	Registered Nurse Educator
	Registered Community Health
	Registered Nursing Administrator

Learner details	
Surname	[REDACTED]
Names	[REDACTED]
NCN cli number	[REDACTED]
Identification number	[REDACTED]
Commencement date of training	01/01/2022
Completion date of training	31/12/2025

RECORD OF EDUCATION AND TRAINING

A. Theoretical Instruction

Subject	Minimum hours required	Hours received
General Nursing Science	400	420
Community Health Nursing	250	270
Midwifery Science	350	360
Ethos and Professional Practice	180	180
Mental Health Nursing	120	120
Health Service Management	120	120

Applied biological Sciences		
● Anatomy	120	120
● Physiology	120	120
● Applied biochemistry and biophysics	60	60
● Microbiology and parasitology	60	60
● Pharmacology	60	60
Research – relating to nursing practice	200	240
GRAND TOTAL HOURS OF CLASSROOM INSTRUCTION	2040	2130

List any other subjects as determined by the educational institution	HOURS
Introduction to IT	30
Communication Skills	30
Critical Thinking	30

B. Clinical learning experience

DISCIPLINE	NCN – MINIMUM HRS. REQ.	HRS RECEIVED
General Nursing Science: 940 HRS		
Medical nursing (including geriatric nursing, care for chronic health conditions e.g. HIV/AIDS and medical aspects of the major clinical disciplines e.g. oncology)	300	333
Surgical nursing (including aspects of the major clinical disciplines) e.g. orthopaedics, gynaecology, ENT	300	671
Operating theatre nursing with emphasis on risk management	60	80
Out patients' department	60	61
Casualty department (emphasis on risk management and infection control)	80	84
Paediatric nursing (medical and surgical care; chronic and acute conditions; pre and post counselling for testing HIV/AIDS)	140	142
TOTAL HOURS	940	1371

Community Health Nursing Science: 600 HRS	Mark with a √
NB!! Mark with a √ the areas covered ensuring that the total number of 600 hours is covered at the end of the training.	
Out patient's department (pre and post counselling of clients for testing for HIV/AIDS; sensitivity towards orphaned children)	√
Study if causative factors of ill-health in a specific community	√
Survey of health care needs: provision of health care in a selected area (research)	√

● Health education and instruction I family, community and group context (nutritional education, selection of ill-health including communicable diseases, prevention of HIV/AIDS and other communicable diseases	√
● Environmental study (problems and methods of control to safeguard health	√
Family centred health care including:	√
● Home visits and family studies – emphasis on home care of HV/AIDS patients)	√
● Mother and child care (including ante and post natal care, infant, toddler and pre-school child care including immunization services, family planning, Pap smears services, PMTCT services, voluntary testing and counselling (VCT)	√
● School health services – health education concerning prevention of HIV/AIDS	√
● Assessment of problems of adolescents in a defined area/region/city	√
Rural placement	√
● Study or rehabilitation resources	√
● Study of community resources	√
● Administration and organization of a health facility	√
TOTAL HOURS	600
	600

Mental Health Nursing: 160 HRS	Mark with a √
NB!! Mark with a √ the areas covered ensuring that the total number of 160 hours is covered at the end of the training.	
● Short term wards (individual patient studies)	√
● Community service	√
TOTAL HOURS	160
	160

Midwifery: 800 HRS	NCN – MINIMUM HRS. REQ.	HRS RECEIVED
● Ante-natal clinic (in addition to that provided under community health nursing; mother and child care; VCT; PMTCT	140	144
● Labour ward	260	501
● Post natal ward	240	259
● Premature unit	160	160
TOTAL HOURS	800	1064

GRAND TOTAL HOURS OF CLINICAL LEARNING EXPERIENCE	2500	3195
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Number of cases	NCN – MINIMUM CASES	CASES DONE
● Ante-natal patients examined	30	35
● Abnormal abdominal palpations/complications	5	10
● Number of pregnant women examined and counselled (pre and post counselling for HIV/AIDS) PMTCT	5	5
● Deliveries witnessed under supervision	5	5
● Abnormal deliveries witnessed under supervision	5	5
● Witnessing of and assisting in repairing episiotomies	5	5

● Number of parturient women personally attended by the student during 1 st stage of labour (student must have been in actual attendance on the patient for the major part of the first stage of labour in which the patient was under surveillance of the delivery team)	25	25
● Number of vaginal examinations done by students above 4cm	10	10
● Below 4cm	5	5
● Number of partographs completed by student:		
normal progress	2	2
abnormal progress	2	2
Number of cases where student:		
● Assisted midwife with delivery	5	5
● Witnessed complicated deliveries e.g. forceps/breech delivery/vacuum extractions	5	5
● Assisted with a caesarian section	2	5
Deliveries by the student:		
● In hospital	15	20
● Number of placenta examinations	15	20
● Number of Apgar assessments done by the student	15	20
● Number of physical examinations of the infant undertaken by the student for detection of physical abnormalities of the new-born	10	15
● Number of patients followed up by the student for at least two days after delivery	20	20
● Number of newborn infants followed up for at least two days after delivery	20	20
Number of infants nursed by the student:		

● Low birth weight infants	5	10
● Baby at risk/sick new-born	2	5
● Post natal six weeks follow up	5	10

Declaration that the learner has met the educational requirements to be registered as a Registered Nurse Midwife/Accoucheur

Declaration by person in charge of nursing education programme

I hereby declare that the aforementioned learner:

- Has complied with all the prescribe minimum educational training programme requirements for registration as a registered nurse midwife/accoucheur in terms of Government Notice No.....of
- Has been assessed and found to have the required competencies as per the prescribed teaching guide in accordance with the prescribed scope of practice of a Registered Nurse Midwife/Accoucheur

I further declare that:

- The information provided is accurate and based on the authentic education and training records of the said learner:
- All the education and training of the learner were accurately recorded for the duration of the programme
- The nursing education institution has in its possession all the original and training records, including but not limited to assessment ad clinical records
- There is no evidence that such training records we tampered with or are in any way fraudulent; and
- In the event of any tampering of the record of fraudulent records are detected after this declaration is made, undertake to immediately notify the Council thereof in writing.

I fully understand the meaning of this declaration(**)	
Full names in print	[REDACTED]
Designation	Head of Department
NCN number	[REDACTED]
Signature	[REDACTED]
Date	28 / 08 / 2026
Declaration by the person in charge of the nursing education institution	
I declare that the information provided is accurate and based on the authentic education and training records of the said learner. I fully understand the meaning and implications of this declaration(**)	
Full names in print	[REDACTED]
Designation	Dean of Health Science
NCN number	[REDACTED]
Signature	[REDACTED]
Date	28.8.26
(*) Any entry into the register made in error or through misrepresentation will be deleted/removed from the register	
(*) Any person that makes a false declaration or misrepresents the facts or information given in this declaration may be charged with an offence in terms of sections of the Nursing Act, 2004 (Act No. 8 of 2004)	