

CURRICULUM VITAE

PERSONAL DETAILS

Name : Joseph Johanson James

Sex : Male

Age : 38 Years

Marital Status : Married

Nationality : Tanzania

NIDA Number (NIN) : 19860413-16102-00001-29

Phone Number : +255 786 239599

TIN Number : 119-475-724

Email : josephjohanson@gmail.com

EDUCATION BACKGROUND

YEAR	INSTITUTION	AWARD
2007-2011	Haydom School of Nursing	Diploma in Nursing
2012 -2013	Kilimanjaro Christian Medical Centre	Certificate in Anaesthesia
2002 - 2005	Haydom Secondary School	Certificate of Secondary Education
1995 – 2001	Jorodom Primary School	Certificate of Primary Education

2013 – 2014

MACHAME LUTHERAN HOSPITAL WARDS

1. ORTHOPEDIC BOTH ADULT AND
2. PEADIATRIC WARDS
3. GENERAL SUGERY WARDS
4. MEDICAL WARDS

2014 – 2015

CCBRT HOSPITAL CASES

ATTENDED

1. VVF AND RVF WARDS
2. ORTHOPEDIC SURGERY IN PEADIATRIC AND ADULT WARDS
3. PLASTIC SUGERY AND RECONSTRUCTIVE SURGERY WARDS
4. EYE SUGERY FOR PEADIATRIC AND ADULT WARDS

2015 – 2018

REGENCY MEDICAL CENTERS

CASES ATTENDED IN:

OBSTETRIC AND GYNECOLOGICAL WARDS

1. LSCS
2. TAH
3. LAPARATOMY
4. LEEP PROCEDURES
5. DILATATION AND CURETAGE
6. OVARIAN CYSTECTOMY
7. LAPAROSCOPIC OVARIAN CYSTECTOMY
8. TOTAL LAPAROSCOPIC HESTERECTOMY

ORTHOPEDIC WARDS WITH CASES MANAGEMENT

1. TOTAL KNEE REPLACEMENT
2. TOTAL HIP REPLACEMENT
3. ORIF

GENERAL SUGERY WARD

1. SLEENNECTOMY
2. CHOLECYSTECTOMY
3. LAPAROSCOPIC APPENDECECTOMY
4. HERNIORAPHY
5. APPENDECECTOMY
6. HAEMORROIDECTOMY

ENT SUGERIES FOR PEADIATRIC AND ADULT WARDS

1. ADENOIDECTOMY
2. TONSILECTOMY
3. ADENOTONSILECTOMY
4. TIMPANOPLAST
5. FEES

UROLOGICAL WARD

1. TURP
2. OPEN PROSTATECTOMY
3. CYSTOSCOPY
4. DVU
5. URETERIC IMPLANTATION AND REMOVAL
6. URETHROPLAST

2018 – TO DATE CRADLE SPECIALITY HEALTH CENTER

CASES ATTENDED IN:

OBSTETRIC AND GYNECOLOGICAL WARDS

1. LSCS
2. TAH
3. LAPARATOMY
4. LEEP PROCEDURES
5. DILATATION AND CURETAGE
6. OVARIAN CYSTECTOMY
7. LAPAROSCOPIC OVARIAN CYSTECTOMY
8. TOTAL LAPAROSCOPIC HESTERECTOMY
9. MYOMECTIONY
10. VAGINAL REPAIR

PLASTIC SUGERY

1. LIPOSUCTION
2. BREAST AUGMENTATION AND REDUCTION
3. BRAZILIAN BUTTLIFT
4. RHINOPLASTY
5. TUMMY TUCK / ABDOMINOPLASTY
6. FACE LIFT
7. CONTRACTURE RELEASE / BURNS SCAR REMOVAL

REFERRES

1. DR.KIM KARENGI MMED,
ANAESTHEOLOGIST
REGENCY MEDICAL CENTRE
0744 808 661 ,0655 706 870

2. DR. JOSHUA GARRISON
MMED, OBS & GYN
HINDU MANDALI HOSPITAL
0789 594 597, 0713 308 097

3. JOHN YUDA
MMED IN NURSING EDUCATION
MINISTRY OF HEALTH
0683 200 682, 0752 531 054

THE UNITED REPUBLIC OF TANZANIA

CERTIFICATE OF BIRTH

B N° 0599571

No. of entry	Where born	Name if any	Sex	Name and Surname of father	Father's Occupation and residence	Father's Nationality	Name and maiden name of mother	Mother's occupation and residence	Mother's Nationality	Signature, description and residence of informant	Date of Birth	Date of registration	Signature of registering officer	Baptismal name if added or altered after registration of birth
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
654/42/2006	KATESH HEALTH CENTRE HANANG DISTRICT	JOSEPH	MALE	JOHANSON JAMES MASSAY	PEASANT P.O.BOX 74 KATESH HANANG DISTRICT	CITIZEN OF TANZANIA	JULITHA JAMES KARAMA	PEASANT - BOX 74 KATESH HANANG DISTRICT	CITIZEN OF TANZANIA	AS PER APPLICATION IN WRITING FORM BD 15A SIGNED BY JOHANASON JAMES MASSAY FATHER OF THE CHILD OF KATESH HANANG DISTRICT	THIRTEENTH APRIL 1986	FIFTH MAY 2006	M.J. MTUI DISTRICT REGISTRAR	DISTRICT REGISTRAR OF BIRTHS & DEATHS - HANANG DISTRICT

Certified under the Births and Deaths Registration Ordinance (Cap. 108 of the Laws), to be a true copy of an entry in the register in my custody of Birth for the District of HANANG.....in Tanzania.

Dated this TENTH day of MAY 2006

Fee Paid Shs. 250/=

DISTRICT REGISTRAR
DISTRICT REGISTRAR OF BIRTHS &
DEATHS - HANANG DISTRICT



THE HEADMASTER
HAYDOM SECONDARY SCHOOL
P. O. BOX 104 FOMU II

EF123

THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION AND CULTURE

Secondary School Leaving Certificate

SCHOOL HAYDOM SECONDARY SCHOOL

SCHOOL'S POSTAL ADDRESS 134

MDULU - MANYARA

1. Pupil's name in full JOSEPH JOMANSON
2. School admission number 866
3. Sex (M or F.) M
4. Nationality TANZANIAN
5. Date or year of birth 24/04/1984
6. Date of admission to school ~~XXXXXXXXXX~~ 21/09/2004
7. Form to which admitted FORM THREE
8. Highest form reached FORM FOUR
9. Date of leaving school OCT. 2005
10. Remarks SUCCESSFUL COMPLETION OF FOUR FORM.

Date

25/10/2005

Signature of Headmaster/Headmistress
and official stamp

TANGANYIKA MEDICAL TRAINING BOARD

No. 34362



This Certifies that

JOSEPH J. JAMES

*has satisfied the requirements of this
Board for the award of the*

DIPLOMA

in NURSING

Conducted at NURSING TRAINING CENTRE – HAYDOM

from SEPTEMBER, 2007 *to* AUGUST, 2011

*and is competent to undertake
the duties of a* NURSE MENTAL HEALTH



CHAIRMAN



SECRETARY

JUNE, 2013

DATE



KILIMANJARO CHRISTIAN
MEDICAL CENTER



SCHOOL OF ANAESTHESIA

CERTIFICATE

This is to certify that

JOSEPH JOHANSON JAMES

Has successfully Completed

One Year Course

In

ANAESTHESIA AND RESUSCITATION

May 2012 to April 2013


Dr. Simon E. Kavavila
Principal - School of Anaesthesia


Mr. Harold G. Shungu
Director - Allied Health School

DIRECTOR

for
ALLIED HEALTH SCIENCE SCHOOLS

KCM-COLLFEE
Moshi - Tanzania


Dr. Andrew Hellar
Head, Department of Anaesthesia
& Intensive Care Unit



No: 0343

The National Examinations Council of Tanzania



Certificate of Secondary Education

This is to certify that JOSEPH JOHANSON

Index No. S0947-0064

sat for the Certificate of Secondary Education Examination

at DR. OLSEN SECONDARY SCHOOL

in OCTOBER 2005

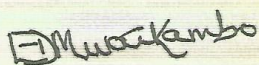
and qualified for the award of a

CERTIFICATE OF SECONDARY EDUCATION

in Division FOUR

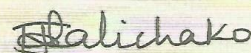
after attaining the following performance:-

Subject	Grade
CIVICS	D (PASS)
HISTORY	F (FAIL)
GEOGRAPHY	F (FAIL)
KISWAHILI	D (PASS)
ENGLISH LANGUAGE	F (FAIL)
CHEMISTRY	D (PASS)
BIOLOGY	D (PASS)
AGRICULTURAL SCIENCE	C (PASS)
BASIC MATHEMATICS	F (FAIL)



Chairperson



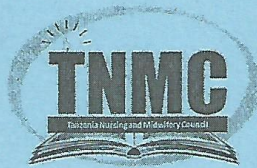


Executive Secretary



Not valid without a hologram.
This is a secure document using
special inks and paper.
Hold this document to the light
to verify a Giraffe can be seen
through the paper.

CS No 0537687



TANZANIA NURSING AND MIDWIFERY COUNCIL

FULL REGISTRATION CERTIFICATE

By Virtue of the powers granted to the Council under section 15(1) of the Nursing and Midwifery Act, 2010.

It is hereby certified that:

JOSEPH J. JAMES

is registered in the Register of Nurses and Midwives and may use the title of

REGISTERED NURSE



Chairman

Joseph J. James
Registrar

Registration Number **44146**

Date: **19 . 9 . 2011**

HAYDOM



SCHOOL

OF NURSING

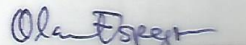
This is to certify that

JOSEPH JOHNSON JAMES

Attended the Diploma course of nursing at the above School of Nursing
From 01/09/2007 to 31/08/2011 and has been successful in
Theoretical and Practical School Examinations.

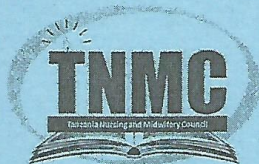


Date: 31 August 2011


Managing Medical
Director


Principal Tutor


Patron



TANZANIA NURSING AND MIDWIFERY COUNCIL

FULL REGISTRATION CERTIFICATE

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of the Nursing and Midwifery Act, 2010.*

It is hereby certified that:

JOSEPH J. JAMES

is registered in the Register of Nurses and Midwives and may use
the title of

REGISTERED NURSE PSYCHIATRISTS



Chairman

Registrar

Registration Number **2278**

Date: **19 . 9 . 2011**



UNITED REPUBLIC OF TANZANIA
TANZANIA NURSING AND MIDWIFERY COUNCIL



Joseph Johanson James

Has been licensed to practice as

Registered Nurse

License No: **27846** Expiry Date: **31 Dec 2025**



Amwani

Registrar

Date: **13 March 2023**

The bearer of the license is registered nurse with this Council as

<input checked="" type="checkbox"/> Part I for Nurse	<input type="checkbox"/> Part VII for Nurse Tutor
<input type="checkbox"/> Part II for Midwife	<input type="checkbox"/> Part VIII for Midwives Tutor
<input type="checkbox"/> Part III for Public Health Nurse	<input type="checkbox"/> Part IX for Operating Theatre Nurses
<input type="checkbox"/> Part IV for Ophthalmic Nurse	<input type="checkbox"/> Part X for All other Advanced Nursing Practitioners
<input type="checkbox"/> Part V for Paediatric Nurse	<input type="checkbox"/> Part XI for Any other nurses or midwives not covered by the foregoing parts
<input checked="" type="checkbox"/> Part VI for Nurse Psychiatric	