

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

INSTITUTE OF TRADITIONAL MEDICINE



ADVERTISEMENT FOR COURSE IN QUALITY ASSURANCE AND QUALITY CONTROL OF HERBAL PRODUCTS on 17th- 21st October, 2022

Course Description:

Traditional medicine uses, research and services continue expanding in Tanzania, yet, not integrated in formal health care services. Herbal products remain poorly attended in terms of harvesting, storage, processing, packaging and dispensing hence compromise safety and quality levels. The course aims to instil knowledge, skills and altitude to value qualitative and quantitative analyses to be used by the practitioners to improve herbal materials and product development, production as expected by regulatory authorities for public dispensation.



Registration

You can register online by clicking [here](#) or download a form from [here](#) and send it to ditm@muhas.ac.tz, the deadline for registration. The call is open from **25th April to 30th August, 2022**.

The topics to be covered

- Collection and processing of herbal materials
- Quality control of biological contaminants of herbal medicines
- Chemical analysis in herbal production
- Handling and storage of herbal materials and finished products
- Protection of inventions from indigenous medicinal Knowledge

General Course Information

Course Title	Quality assurance and quality control of herbal products
Who can attend	Academicians, Researchers having at least Bachelor degree and Students enrolled in Higher learning Institution. Also, applicants who had attended the initial training course(s) in Traditional Medicine Development level I and II offered by the Institute.
Location/s	MUHAS Premises
Time and Units	The offered program totals 28 contact hours, equivalent to 2.8 CPD Units.
Language	English
Call open	25th April to 30th August, 2022
Course Date	17th to 21st October, 2022

Fees

Tanzanian **450,000/=Tsh** while Non-Tanzanian and those residing outside Tanzania will pay USD **450**.

Contacts;

The Director
Institute of Traditional Medicine
Muhimbili University of Health and Allied sciences
Po Box 65001,
Dar es Salaam.
Email: ditm@muhas.ac.tz

If you have any question or inquiry, please do not hesitate to contact us through the following;

Name: Prof Ester Innocent

Phone: +255 (0) 755450465

Email: einnocent415@gmail.com or einnocent@muhas.ac.tz



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

INSTITUTE OF TRADITIONAL MEDICINE

**APPLICATION FORM FOR THE SHORT COURSE TRAINING ON TRADITIONAL
MEDICINE DEVELOPMENT LEVEL III on 17th to 21st October, 2022.**

This course covers quality assurance and quality control of herbal products. Please read carefully the instructions of filling this form. The course will take place from **17th to 21st October, 2022.**

A. PERSONAL INFORMATION.

- 1. Name (Optional).....
- 2. Sex (M or F):
- 3. Year of Birth (YYYY):
- 4. Work/Employment Status).....
- 5. Current Address Postal.....
E-mail..... Tel/Mobile.....
- 8. Education:.....
- 9. Current professional engagements/ Activity:

B. YOUR VIEWS ABOUT THE COURSE

- i. What motivates you to apply for the course
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.....
- ii. What current activity are you engaged in.....
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.....
.....

C. COURSE FEE:

Who will pay the fees for this course? Tick appropriately

- a. Yourself
- b. Relative
- C. Sponsor

Give Address:

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Note

The cost for this course is **Tshs 450,000/= for Tanzanian citizens and USD 450** for non-Tanzanian citizens. The cost covers tuition fees, Lunch and breakfast. Transport, dinner and accommodation costs will be covered by the applicant. The fee should be deposited at NMB Muhimbili Branch, Account Number 2091100002 not later than **30th August, 2022.** Foreign currency can be deposited using Swift Code system. Muhimbili University of Health and Allied



Sciences, NBC Samora Branch, Bank Account Number 012105003582, SWIFT NO. SAMORA
BRANCH NLGBTZTXXXXX

5.0 DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT

APPLICANT SIGNATURE:.....DATE:.....

FOR OFFICIAL USE ONLY

THIS APPLICATION FORM HAS BEEN RECEIVED AT THE INSTITUTE OF
TRADITIONAL MEDICINE

NAME OF OFFICER.....SIGNATURE.....DATE.....

DECISION BY THE INSTITUTE:.....