

Nursing Council of Kenya

Promoting quality nursing education and practice in Kenya



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Application for Entry/Re-entry to National Licensing Examination

This application **MUST** be completed in **FULL** and be presented to the Registrar, Nursing Council of Kenya **through your institution of training**.

All applications **MUST** be accompanied with a copy of your National Identity Card [ID]/passport. Applicants for re-entry to examination **MUST** also attach the previous NCK Examination Result Slip.

The entry/re-entry to examination fee is **Ksh 5000** for **Basic Programmes** and **Ksh 7000** for **Post-Basic Specialization Programmes**. All payments to the Council should be made through the following bank accounts:

Cooperative Bank – Kibera Branch – 01136098613400 or
Barclays Bank – Queensway Branch - 094-8023954

Please note that if names provided below are different from the Legal Names in the National Identification Card [ID]/Passport, documentary evidence of **legal change** of name/affidavit **MUST** also be attached to this form.

Applicant Information [PRINT]					
Full Names:	[Surname]	[First Name]	[Middle Name]	Postal Address:	
Personal Mobile No:				Email Address:	
National ID/Passport No:				Citizenship:	
Training Information [PRINT]					
Index No:		Date of Training Commencement:			
Nurse Training School:		Date of Training Completion:			
Training Cadres [Clearly tick cadre for Examination]					
<input type="checkbox"/>	KEN _[EB]	<input type="checkbox"/>	KRCHN(B) _[RK]	<input type="checkbox"/>	KRPoN _[RP]
<input type="checkbox"/>	KEM _[ED]	<input type="checkbox"/>	KRCHN(PB) _[RI]	<input type="checkbox"/>	KRNM _[RQ]
<input type="checkbox"/>	KECHN _[EF]	<input type="checkbox"/>	BScN _[RL]	<input type="checkbox"/>	KRNA _[RR]
<input type="checkbox"/>	KECHN(PB) _[EH]	<input type="checkbox"/>	KRPN _[RJ]	<input type="checkbox"/>	KRCCN _[RS]
<input type="checkbox"/>	KRN _[RA]	<input type="checkbox"/>	KROphN _[RM]	<input type="checkbox"/>	KRNN _[RT]
<input type="checkbox"/>	KRM _[RC]	<input type="checkbox"/>	KRPaedN _[RN]	<input type="checkbox"/>	KRAEN _[RU]
Examination Details [PRINT]					
Please tick Order of Entry to Licensing Exam			Indicate Examination Papers for Entry _____		
<input type="checkbox"/> 1 st Entry	<input type="checkbox"/> 2 nd Entry*	<input type="checkbox"/> 3 rd Entry*	<input type="checkbox"/> 4 th Entry*	Indicate Preferred Examination Center _____	
Declaration					
<i>I hereby declare that the foregoing information is true and correct to the best of my knowledge.</i>					
Applicant Signature				Date	
<i>I hereby declare that the applicant is of good character and has completed the minimum requirements prescribed for the programme, covered over 75% of the prescribed clinical experience and passed all institutional and Council prescribed assessments.</i>					
Head of Nursing Department [MUST include Official Stamp]				Date	
Name: _____		Signature: _____			
Designation: _____					

