



## **APPLICATION FOR ACCREDITATION OF A TRAINING COURSE**

1. Name of institution.....
2. Postal address.....
3. Physical address.....  
County ..... Constituency.....
4. Telephone..... Mobile.....
5. Email address .....
6. (a) Date of incorporation or registration.....  
(Attach copy of certificate of incorporation)  
(b) Name and designation of chief administrator.....  
(c) Governing body.....
7. Number and type of training courses (i.e. certificates, diplomas, degrees)
8. Training courses to be considered for purposes of accreditation
  - a) .....
  - b) .....
  - c) .....
9. Envisaged benefits of accreditation of training course for health sector in Kenya.  
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I hereby apply for accreditation of the training course here in before mentioned

Dated at ..... this .....day of.....

Name.....

Designation.....

Signature.....

Postal address.....