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FOREWORD

Health remains a fundamental right for all Kenyans as outlined in the Constitution of Kenya 2010 and universally so recognised. It is therefore imperative that government entities, Non-Governmental Organisations, Faith-Based Organizations (FBOs), Development Partners involved in healthcare and human resources for health, development, nurses themselves as well as all other health professionals make an effort to ensure that this right is guaranteed and safeguarded for all Kenyans.

The service delivery landscape by health professionals in Kenya has many challenges. Moreover, there has been an increase in the disease burden as a result of both emerging and re-emerging conditions, non-communicable diseases coupled with technological advances, an increase in life expectancy and population growth, urbanisation among other health and demographic issues. In light of the rights and liberties enshrined in the Constitution of Kenya 2010, along with increased demand and expectation by society for better health outcomes litigation may be on the rise where the quality of health service is questioned or is under intense scrutiny. This necessitates that all health professionals are updated, maintain their skills and competencies, knowledge and attitudes to adequately deliver safe, quality and evidence-based health services. It is with this in mind that all health professionals need to keep abreast of new developments in health care through continuing professional development activities.

This guideline is developed in recognition of the fact that the Kenyan Nurse is an important and critical frontline health worker providing services at all levels of the health care system. The Nursing Council of Kenya therefore prescribed and introduced CPD as a prerequisite to licensure. The Council has previously lacked a mechanism to enforce the CPD requirements and to regulate and guide the implementation of CPD activities. This CPD framework therefore provides guidelines that create an environment for the nurse to keep abreast with, and improve competencies in service delivery in an effort to satisfy the needs and expectations of patients and clients. Indeed, the guidelines and standards for CPD in Kenya have been developed through a stakeholder engagement and involvement.

The Council has taken into account the training and practice needs of nurses and variation in CPD requirements’ provision by various groups and individuals in the health sector. It is equally critical that every nurse at national and county levels engages in quality, relevant and affordable continuing professional development in order to meet current and future health needs and priorities of the populations they serve and as a condition for renewal of practice licenses.

Mrs. EDNA TALLAM-KIMAIYO
Registrar, Nursing Council of Kenya
PREAMBLE

The CPD guideline provides a framework for the regulation and provision of Continuing Professional Development (CPD) for Nurses in Kenya. The guideline was developed through a consultative fora that involved all stakeholders: the regulator, employers and nurse practitioners in the clinical areas and training institution. The revision of the CPD framework of 2012 was informed by the need to have nurses respond to the public health needs of individuals, families and communities as outlined in the Constitution of Kenya 2010, as well as in light of emerging issues in health, development in the nursing profession, impact of health reforms, global and other socio-economic initiatives. The nurses Act Cap 257 endorses CPD as a means for maintaining and updating competence to ensure that the public interests will always be promoted and protected as well as ensuring the best possible care is accorded to the community. The CPD activities should be aimed at addressing the health needs and is relevant to the health priorities of the county and country.

This document is developed and designed to facilitate evidence based practice and quality improvement for the practitioner and as such the Council will undertake constant review as necessitated by identified needs from time to time. The CPD regulator will ensure that there are clear policies and regulations to guide the programme and the provision of the same.

The CPD providers with the support of the Council are encouraged to offer learning activities that promote lifelong learning, embrace adult education principles that ensures learners are actively involved with the aim of not only updating knowledge but also improving competence and performance of the health professional impacting the patient/client healthcare outcomes. The document has set out qualification criteria, roles, responsibilities and application process for CPD providers. The regulator and the CPD provider have clearly stipulated functions and roles that allows smooth collaboration in CPD program provision and reporting.

A robust human resource for health will not only guarantee the right to the highest attainable standard of health care as outlined in the constitution of Kenya 2010, but will also enable attainment of Vision 2030 as well as related Sustainable Development Goals (SDGs).
ACKNOWLEDGEMENTS

The development of Continuing Professional Development (CPD) guidelines for nurses in Kenya was developed by Intrahealth and the Nursing Council of Kenya (NCK) in collaboration with key stakeholders and development partners.

The Council would like to recognise the work done by various stakeholders for the contributions and participation during the various stages of development of these guidelines. We take this opportunity to commend members of the Full Council, and Registration Committee for providing valuable inputs to the development and final approval of the CPD guideline. The Council would also like to acknowledge the invaluable contributions and engagement of the following members of technical working group that worked tirelessly on the review and finalization of this document:

1. Fredrick Ochieno - Nursing Council of Kenya
2. Evangeline Mugo - Nursing Council of Kenya
3. Priscilla Najoli - Nursing Council of Kenya
5. Nargis Kaka - Nursing Council of Kenya
7. Maurice Osano - Nursing Council of Kenya
8. Salome Mwangi - USAIDFUNZOKenya
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10. Irene Chami - USAIDFUNZOKenya
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12. Milka Kuloba - Chief Nursing Officer representative, MOH
13. Rose Omutanyi - Nairobi Hospital, Cicely McDonell School of Nursing
14. Felister Musyoka - Mama Lucy Kibaki Hospital, Nairobi
15. Patrick Muchina - Kenya Medical College, Nairobi
16. Benard Okeah - National Nurses Association
17. Patrick Karimi - Kenya Progressive Nurses Association

The Council further appreciates the United States Agency for International Development (USAID) through IntraHealths’ International FUNZOKenya Project stewarded by Mr Meshack Ndolo the country director and Mrs Josephine Mbiyu, Acting Chief of Party for providing the funds and technical input leading to the development and production of this revised CPD guideline aimed at strengthening the nursing profession in Kenya.

Finally, our sincere gratitude is to all those individuals who contributed in one way or the other but who may not have been directly mentioned herein.
ACRONYMS

ARC  -  African Regulatory Collaborative
CDC  -  Center for Disease Control
CPD  -  Continuing Professional Development
CV   -  Curriculum Vitae
DPM  -  Directorate of Personnel Management
ECSA -  East, Central and South Africa
GOK  -  Government of Kenya
ICT  -  Information and Communication Technology
IEC  -  Information Education and Communication
MOU  -  Memorandum of Understanding
NCK  -  Nursing Council of Kenya
NGO  -  Non-Governmental Organization
OP   -  Office of the President
PEPFAR - Presidents Emergency Plan for AIDS Relief
SDGs -  Sustainable Development Goals
TNA  -  Training Needs Assessment
TWG  -  Technical Working Groups
USAID - United States Agency for International Development
DEFINITION OF TERMS

1. **Corporate**: This herein refers to any entity that has branches spread out in more than one region.

2. **Faculty clinical practice**: This refers to an activity focused on updating the clinical practical skills of the nurse educator.

3. **Individual**: This herein refers to a category of CPD providers. This is any person holding valid professional license by NCK or other regulatory or professional body.

4. **Institution**: This herein refers to a category of CPD providers. This is any training or health facility.

5. **Organization**: This herein refers to a category of CPD providers. This is any entity that is non-governmental.

6. **Skill development workshop**: These are workshops aimed at increasing proficiency of a skill or category of skills necessary for professional practice.

7. **Supervised practice for skill development**: This refers to an activity involving working with an experienced practitioner for the purpose of skill development or working with a mentor as a way of developing skills.

8. **The Council**: This herein refers to the Nursing Council of Kenya.
1.0. INTRODUCTION

1.1. Background on Continuing Professional Development

The Nursing Council of Kenya (NCK) was established in 1948 as authorized by the Colony and Protectorate of Kenya ordinance No. 16 of 4th June 1946. It was then called the Nurses, Midwives and Health Visitors’ Council of Kenya (NMCK). Presently, the Nursing Council of Kenya is established under the Nurses Act CAP 257 of 1983 as amended in 2011.

The mandate of the Council is to make provision for training, registration, enrolment and licensing and retention of nurses, to regulate their conduct and to ensure their maximum participation in the health care of the community and for connected purposes (NCK, 2009).

In 2000, the NCK introduced the nurse retention system with which to establish and/or maintain a data bank on registration/enrolment of nurses in the country. The aim of the retention system was to give effect to the provisions of section 11(4) as relates to the retention fee. The system aims at ensuring that nurses keep abreast of the new developments in health care through organized Continuing Professional Development (CPD) programmes. In order to retain nurses, the Council’s requirement was placed at 20 CPD hours per annum, and the renewal of practice license being based on the accumulation of 60 CPD hours in three years. A directive from the Directorate of Personnel Management (DPM) Policy on the CPD requirement that all professionals attain a minimum of 5 days’ training per year (OP circular of 15/02/2006) in their relevant areas of expertise, which translates to 40 hours per year, necessitated the development of a CPD policy by the Council in 2008. To ensure its policy speaks to the National directive, the Council embarked on making adjustments in the way it regulates CPD provision in the country. This was in an effort to ensure compliance while also establishing and standardising retention systems that will ensure nurses are updated on new developments in medical and nursing sciences and that institution and individuals accredited by the Council provide CPD activities that enable attainment of the minimum hours as stipulated by DPM.

The Council also aligns itself to other Nursing Boards worldwide, which are no longer accepting life-long registration without periodic renewal. The Council in this respect enforced the Nurses Act because the retention system is provided for in the Nurses Act Cap 257 Section 11(4) of the Laws of Kenya. The Council further approved mandatory retention in 2010 and in effect issued two circulars in 2011 to all nurses. To strengthen
its mandate with regard to CPD, the Council is participating in the African Regulatory Collaborative (ARC) forum, being funded by the Centre for Disease Control (CDC) through the Commonwealth Secretariat. The ARC initiative aims to strengthen regulations within East, Central and South African (ECSA) countries. Through this work, a CPD framework toolkit was developed for member countries to adapt as they develop their specific CPD guidelines. The Council expects to address the challenge of not having a well-established CPD provision system in the country because nurses have been getting their CPD hours from various providers who are not licensed or regulated in any way. In some instances quality assurance in the trainings undertaken has been a challenge in the absence of accreditation guidelines for.

It is with this background that the Council has developed these CPD guidelines to strengthen systems for CPD provision as well as regulation and accreditation.

1.2. Rationale and Justification

The CPD programme is anchored on the achievement of the East African Council of Ministers, Vision 2030 and the Kenya Constitution 2010. It is also in line with the Kenya Health Policy 2012 – 2030 that gives directions to ensure improvement in overall health status in Kenya. Further, it demonstrates the health sector’s commitment, under government stewardship, to ensuring that the country attains the highest possible standards of health.

The development of the CPD guidelines was necessitated by the need to implement the provisions of the Nurses Act in addition to responding to the emerging issues and new developments in the field of nursing.

The Council’s regulatory role requires that standards are adhered to in all aspects of nursing and that the retention of nurses is linked to ongoing professional development. The renewal of a nurse’s practice license has therefore been linked to attainment of minimum CPD points. The retention of nurses will facilitate manpower planning in keeping up with international professional standards.

1.3. Vision and Mission of NCK

1.3.1. Vision:

To be a world class regulatory body for maintaining standards of nursing education and practice.
1.3.2. **Mission:**

To ensure the provision of quality nurses training and maintenance of professional nursing practice through research and appropriate regulations.

1.3.3. **Core Values:**

The Council embraces the following core values and expects them to pervade through the process of CPD provision in the country:

1.3.3.1. *Excellent Customer Service:* Implies, responding to each stakeholder to their full satisfaction.

1.3.3.2. *Transparency and Accountability:* Duly open and proactively answerable to all who merit it.

1.3.3.3. *Efficiency in Performance:* Playing the rightful role in ensuring leading-edge nursing education and practice in Kenya.

1.3.3.4. *Integrity, Public Policy and Ethics:* Implies being above any reproach, either technically or in values, both in word and in practice.

1.3.3.5. *Belief in the Equality of Human Beings:* Perceiving and treating every person with dignity, value and respect.

1.3.3.6. *Professional Excellence:* On all technical decisions undertaken and as guided by objective evidence and proven merit.

1.4. **Functions of the Council**

1.4.1. Establish and maintain standards of nursing profession and safeguard the interests of nurses and healthcare within the community

1.4.2. Establish and maintain standards of nursing profession and safeguard the interests of nurses and healthcare within the community

1.4.3. Make provision for training and instruction of persons seeking registration as nurses under CAP 257

1.4.4. Regulate syllabi

1.4.5. Prescribe and conduct examinations

1.4.6. Have regard to the conduct of persons under the Act and take disciplinary measures
1.4.7. Have regard to standards of nursing care, qualified staff, facilities, conditions and environment

1.4.8. Compile records and keep registers

1.4.9. Advice the Minister on matters concerning all aspects of nursing

1.5. The Responsibilities of the Ministry of Health (MOH), Division of Nursing and Professional Associations in CPD Provision

The Division of Nursing in the Ministry of Health recognizes the dynamic nature of the practice of nursing. This dynamism is influenced by technological advances, increased expectations for quality health care, an increasing life expectancy of Kenyans, litigations due to improved constitutional dispensation, ethical and economic factors and a move towards evidence-based health care. Additionally, there is a general perception of health care as a commodity in a market-oriented world. The Division of Nursing plays an important role in ensuring that the nurse practitioner gets opportunities for CPD in order to remain current and also gain requisite competencies that meet the needs of health sector, patients/client, employers and self.

The Professional Associations not only look after the welfare of its members but also ensures that its members continuously maintain and update their competencies by providing accredited CPD programmes that meet required standards and guidelines.
2.0. Overview of Continuing Professional Development

2.1. Definition of CPD

Continuing Professional Development (CPD) for nursing is a range of learning experiences and competencies that enables retention of capacity to practice safely, effectively, efficiently and legally within the scope of work in a diverse and evolving health care environment.

2.2. Purpose of CPD

CPD is enshrined in the fundamental principle of lifelong learning that requires health professionals to engage in continued learning, both formal and informal in order to maintain clinical competence and acquire new knowledge and skills for expanded professional roles. The Council therefore requires the nurse cadre to attain the stipulated minimum amount of CPD points in order to maintain their practicing license.

The Council seeks to improve nursing education and practice standards in Kenya. The development of CPD guidelines provides an environment for the Council not only to regulate CPD activities but also monitor and evaluate the impact of these activities towards improvement of service delivery.

2.3. Goals and Objectives of the Guidelines

2.3.1. Goal:

To provide minimum standards for nurse practitioners and approved CPD providers for delivery of the highest attainable standards of health.

2.3.2. Specific CPD objectives

2.3.2.1. To establish CPD implementation system

2.3.2.2. To establish a CPD appraisal mechanism

2.3.2.3. To strengthen professional competencies for quality service delivery
2.3.3. CPD regulation

The nurses Act Cap 257 section 11 subsection 4 provides for regulation for retention and licensing. The regulation prescribes that any person who is registered by the Council must renew their licenses every year upon meeting the criteria for retention. These guidelines stipulate this criteria as well as provide guidelines on CPD activities, CPD providers, implementation and monitoring framework. The council has prescribed that the renewal of licenses is made after one year inline with the provisions of the Nurses Act Cap 257 Laws of Kenya.

2.3.4. CPD Feedback Mechanism

Effective communication of CPD activities is essential in ensuring that nurses are aware of opportunities for accessing training. It is equally important that all stakeholders provide feedback on how well CPD is impacting on service delivery. The dissemination of this CPD guidelines will be undertaken through various forums which include, but not limited to conferences, Annual General Meetings (AGM), NCK circulars, professional associations; accredited training institutions and health facilities (private and public), the Ministry of Health, NCK Website; appointed CPD county coordinators; CPD providers, Faith Based Organizations (FBOs) and Non-Governmental Organizations (NGOs). The Council shall endeavour to provide updates on opportunities and responsibilities of both nurses and CPD providers as well as maintain an accessible and updated CPD program database.
3.0. Guidelines of CPD Activities

3.1. Definition of CPD Activities

CPD activities are structured approaches to learning to help ensure competence to practice, acquiring knowledge, skills and practical experience. CPD can involve any relevant learning activity, whether formal and structured or informal and self-directed. The CPD activities recognized by the Council include personal skill development, gaining new knowledge and information and contributing to the development of nursing profession, design, knowledge and practice.

3.2. CPD Principles

CPD activities shall be based on the following principles:

3.2.1. **Integrated**: CPD activities shall be part and parcel of professional work and continuing quality improvement.

3.2.2. **Responsibility and accountability**: CPDs shall be a nurse’s personal responsibility and activities undertaken shall be accounted for.

3.2.3. **Needs based**: CPD activities shall be responsive to health needs of the community, institution and profession and responsive to client needs.

3.2.4. **Evidence based**: CPD activities shall be informed by research and current professional practice.

3.2.5. **Ethically and morally sound**: All CPD activities shall conform to the Kenyan Constitution 2010, Nurses Professional Code of Ethics and other relevant statutes.

3.3. CPD Categories

CPD activities have been categorized into three levels:

3.3.1. Category I: Personal skill development

3.3.1.1. Participation in skill development workshops. These are workshops that are aimed at increasing proficiency of a skill or category of skills necessary for professional practice.
3.3.1.2. Supervised practice for skill development. This involves working with an experienced practitioner for the purpose of skill development or working with a mentor as a way of developing skills

3.3.1.3. Faculty clinical practice. This is an activity focused on updating the clinical practical skills of the nurse educator

3.3.1.4. Remedial disciplinary action activity. This is action given by councils to subject the nurse practitioner to learning activities to improve their knowledge, skills or attitude as a remedy to professional malpractice

3.3.2. Category II: Gaining new knowledge and information

3.3.2.1. Health Facility based CPD

3.3.2.2. Attending conferences, seminars, information sessions, other professional forums, lectures and guest talks

3.3.2.3. In-service training provided in a structured way with specific learning outcomes

3.3.2.4. Academic study which is any formal learning program that contributes to professional development

3.3.2.5. Practice-based research projects where a nurse is participating as a learner or as an expert in the field

3.3.2.6. Practice-based research projects where a nurse is an expert in the field

3.3.3. Category III: Contributing to the development of professional design, knowledge and practice

3.3.3.1. Conducting or facilitating skill development workshops: These are workshops aimed at increasing proficiency of a skill or category of skills necessary for professional practice. This is actual presentation time for workshops, provided the material being presented constitutes transferable knowledge

3.3.3.2. Publishing peer reviewed journal articles, and books
3.3.3.3. Reviewing journal articles for publication in a recognized professional journal

3.3.3.4. Professional supervision and mentoring. This includes any arrangement for review of work and development of knowledge and skills including individual, group and peer supervision and/or mentoring

3.3.3.5. Presentation of conference papers and other professional presentations

3.3.3.6. Active membership of professionally relevant committees and boards: This includes Technical Working Groups (TWGs), committees, special interest groups, government and community advisory panels that fall outside of routine job requirements

3.3.3.7. Innovation or patenting

3.3.3.8. Awards recognized by the Council

3.3.3.9. Moderation of external exams

3.3.3.10. Developing protocols, policies or guidelines or materials relevant to the profession

3.4. Standard Guidelines for Awarding Points

The Council is mandated to ensure that all nurses requiring re-licensure and retention in the NCK register and rolls attain a minimum of 40 CPD points per year. This is in conformity to the national guidelines on CPD and Nurses Act CAP 257 Section 11 Subsection 4.

All CPD activities will be weighted in points. Allocation of points shall be based on the nature of the CPD activity which encompasses duration, mode of delivery and skills acquisition among others.

The Council provides the following guidelines for the accumulation of CPD points as shown in Table 1.
<table>
<thead>
<tr>
<th>#</th>
<th>ACTIVITY</th>
<th>MINIMUM CPD POINTS EARNED</th>
<th>MAXIMUM CPD POINTS/ACTIVITY</th>
<th>EVIDENCE</th>
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<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td><strong>Category I: Personal skill development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Participation in skill development workshops</td>
<td>10 points (per workshop)</td>
<td>20 points</td>
<td>Certificate of competency Log book</td>
</tr>
<tr>
<td></td>
<td>(workshops aimed at increasing proficiency of a skill or category of skills necessary for professional practice)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Supervised practice for skill development (On Job Training)</td>
<td>5 points</td>
<td>5 points</td>
<td>Supervisor report Appraisal report</td>
</tr>
<tr>
<td>3.</td>
<td>Faculty clinical practice</td>
<td>1 point (per hour spent in clinical area)</td>
<td>20 points</td>
<td>Appraisal report</td>
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<td>4.</td>
<td>Remedial disciplinary action activity (1 to 3 months)</td>
<td>10 points</td>
<td>10 points</td>
<td>Appraisal report</td>
</tr>
<tr>
<td>5.</td>
<td>Remedial disciplinary action activity (3 to 6 months)</td>
<td>15 points</td>
<td>15 points</td>
<td>Appraisal report</td>
</tr>
<tr>
<td></td>
<td><strong>Category II: Gaining new knowledge and information</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Health facility based CPD sessions</td>
<td>2 points (per CPD session)</td>
<td>30 points</td>
<td>Log book Attendance list</td>
</tr>
<tr>
<td>7.</td>
<td>Attending conferences, seminars, information sessions, other professional forums, lectures and guest talks</td>
<td>6 points (1 day conference)</td>
<td>18 points (3 day conference)</td>
<td>Certificate of participation Log book</td>
</tr>
<tr>
<td>8.</td>
<td>In-service short courses – lasting up to 1 week duration</td>
<td>5 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>9.</td>
<td>In-service short courses – lasting up to 2 week duration</td>
<td>10 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>10.</td>
<td>In-service short courses – lasting up to 3 to 4 weeks duration</td>
<td>15 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>#</td>
<td>ACTIVITY</td>
<td>MINIMUM CPD POINTS EARNED</td>
<td>MAXIMUM CPD POINTS/ACTIVITY</td>
<td>EVIDENCE</td>
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<tr>
<td>11</td>
<td>In-service short courses – lasting more than 4 weeks to 2 months</td>
<td>20 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>12</td>
<td>In-service short courses – lasting more than 2 months to 4 months</td>
<td>25 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>13</td>
<td>In-service short courses – more than 4 months to 6 months</td>
<td>30 points</td>
<td>30 points</td>
<td>Certificate</td>
</tr>
<tr>
<td>14</td>
<td>Academic study, formal learning program that contributes to professional development (6 months and above)</td>
<td>40 points</td>
<td>40 points</td>
<td>Confirmation letter, Transcripts, Progress report, Certificate</td>
</tr>
<tr>
<td>15</td>
<td>Practice-based research projects where a nurse is participating as a learner</td>
<td>30 points</td>
<td>30 points</td>
<td>Research progress report, Research report</td>
</tr>
<tr>
<td>16</td>
<td>Practice-based research projects where a nurse is an expert in the field</td>
<td>20 points (Ethical approval)</td>
<td>40 points (Research report)</td>
<td>Ethical approval, Research report</td>
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**Category III: Contributing to the development of professional design, knowledge and practice**

<table>
<thead>
<tr>
<th>#</th>
<th>ACTIVITY</th>
<th>MINIMUM CPD POINTS EARNED</th>
<th>MAXIMUM CPD POINTS/ACTIVITY</th>
<th>EVIDENCE</th>
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<tr>
<td>17</td>
<td>Conducting or facilitating skill development workshops (workshops aimed at increasing proficiency of a skill or category of skills necessary for professional practice)</td>
<td>8 points (per workshop)</td>
<td>24 points (3 workshops)</td>
<td>Certificate, Workshop report</td>
</tr>
<tr>
<td>18</td>
<td>Publishing peer reviewed journals, articles and books – Principal Author</td>
<td>40 points</td>
<td>40 points</td>
<td>Publication</td>
</tr>
<tr>
<td>#</td>
<td>ACTIVITY</td>
<td>MINIMUM CPD POINTS EARNED</td>
<td>MAXIMUM CPD POINTS/ACTIVITY</td>
<td>EVIDENCE</td>
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<tr>
<td>19</td>
<td>Publishing peer reviewed journals, articles and books – Co-Authors</td>
<td>30 points</td>
<td>30 points</td>
<td>Publication</td>
</tr>
<tr>
<td>20</td>
<td>Reviewing journal articles for publication in a recognized professional journal</td>
<td>10 points</td>
<td>10 points</td>
<td>Review report, Publication</td>
</tr>
<tr>
<td>21</td>
<td>Professional supervision and mentoring includes individual, group and peer supervision and/or mentoring (Activity should not be part of routine work)</td>
<td>10 points (per mentorship)</td>
<td>20 points</td>
<td>Mentorship program, Reports</td>
</tr>
<tr>
<td>22</td>
<td>Presentation of conference papers and other professional presentations</td>
<td>10 points (per conference)</td>
<td>20 points</td>
<td>Certificate of participation, Conference report</td>
</tr>
<tr>
<td>23</td>
<td>Active membership of professionally relevant committees and boards. This includes TWGs, special interest groups, government and community advisory panels (Activity should not be part of routine work)</td>
<td>5 points (per committee)</td>
<td>15 points</td>
<td>Appointment letter, Reports, Publication</td>
</tr>
<tr>
<td>24</td>
<td>Innovation or patenting</td>
<td>40 points</td>
<td>40 points</td>
<td>Patent certificate</td>
</tr>
<tr>
<td>25</td>
<td>Awards recognized by the Council</td>
<td>20 points</td>
<td>20 points</td>
<td>Award Certificate</td>
</tr>
<tr>
<td>26</td>
<td>Moderation of external exams (Activity not part of routine work)</td>
<td>10 points</td>
<td>20 points</td>
<td>Appointment letter</td>
</tr>
<tr>
<td>27</td>
<td>Developing protocols, policies or guidelines or materials relevant to the profession</td>
<td>10 points</td>
<td>20 points</td>
<td>Attendance list, Publication, Certificate of participation</td>
</tr>
</tbody>
</table>
3.5. CPD Content

CPD content can be cadre specific or cross cadre. Cadre specific activities focus specifically on the nursing profession. Cross cadre activities cut across various health disciplines and sectors.

The following thematic areas and desired core competencies from which CPD activities are derived emanate from national and global priorities, emerging diseases and conditions requiring nursing interventions. They include but are not limited to the following:

3.5.1. Nursing Process
3.5.2. Infection Prevention
3.5.3. Quality Assurance
3.5.4. Midwifery and neonatology
3.5.5. Reproductive Health including family planning
3.5.6. Medico-surgical Nursing
3.5.7. Emergency care, Life support and resuscitation
3.5.8. Community Health
3.5.9. Paediatric and Child Health
3.5.10. Research
3.5.11. Emergency Preparedness and Disaster Management
3.5.12. Leadership, Governance and Management
3.5.13. Commodity Management
3.5.14. Monitoring and Evaluation
3.5.15. Information and Communication Technology (ICT)
3.5.16. Health Systems Management
3.5.17. Medical Education
3.5.18. Customer Care and Public Relations
3.5.19. Non-communicable Diseases
3.5.20. Communicable Diseases including HIV/AIDS
3.5.21. Medico-Legal education
3.5.22. Clinical Practice for Lecturers and faculty CPD

3.6. CPD Activity Delivery Modes

CPD activities may be delivered in a variety of flexible formats that provide an opportunity for learning. These include lectures, group discussions, demonstrations, workshops, seminars, conferences, practicums, online and e-learning activities.

3.7. Activities NOT Considered as CPD

The following activities will not qualify as CPDs:

3.7.1. Time spent in planning, organizing or facilitating routine activities
3.7.2. Non-referenced letters to the editor of an accredited journal
3.7.3. Daily ward rounds
3.7.4. Staff and/or administrative meetings and activities
3.7.5. Tours and/or viewing of exhibits and technological demonstrations
3.7.6. Membership in professional bodies and/or holding a portfolio in an executive or council structure with little involvement in technical work
3.7.7. Meetings arranged by pharmaceutical companies and manufacturers or importers of product devices or technologies that are purely for the purpose of marketing and/or promoting their products
3.7.8. Deployment to another department, organization or unit
3.7.9. Any other activity deemed to be part of routine work
4.0. Guidelines for CPD Providers

4.1. Definition of CPD Providers

A CPD provider is an individual, institution, organization, or corporate entity licensed by the Council to offer CPD activities in prescribed thematic areas. The Council recognizes the constantly changing CPD environment with multiple players hence the CPD providers shall include:

4.1.1. Individual nurses registered and licensed by the Council
4.1.2. Health facilities (Public, private, Faith based)
4.1.3. Training institutions (Public, Private and Faith based)
4.1.4. Relevant Health Professional bodies
4.1.5. Non-Governmental Organizations collaborating in the health sector
4.1.6. Pharmaceutical and or Medical Technology Organizations
4.1.7. Research Institutions
4.1.8. Any other CPD provider as approved by the Council

4.2. Eligibility to Become a CPD Provider

4.2.1. Individual

4.2.1.1. Possess a valid license or be certified by the Council and/or a relevant and recognized regulatory or professional body
4.2.1.2. Attained the minimum training, competence and experience as a trainer in the prescribed thematic area
4.2.1.3. Provide documented evidence of competence in the prescribed thematic area (certificates, CVs with relevant references)
4.2.1.4. Have appropriate teaching and learning resources and infrastructure for provision of CPD or show documented evidence of collaboration with an institution that has the training facilities (Refer to Public Health ACT)
4.2.1.5. Provide a calendar of activities
4.2.1.6. Comply with subsequent inspection of premises, activities, facilitators and related resources as and when the Council deems necessary

4.2.1.7. Pay the prescribed application fees

4.2.2. Institution/Organization

4.2.2.1. Possess a valid license by the Council and/or certification by a relevant and recognized regulatory or professional body to provide prescribed CPD

4.2.2.2. Have qualified and competent facilitators or trainers certified by relevant and recognized regulatory or professional bodies

4.2.2.3. Have appropriate teaching and learning resources and infrastructure for provision of CPD

4.2.2.4. Provide a calendar of activities

4.2.2.5. Comply with subsequent inspection of premises, activities, facilitators and related resources as and when the Council deems necessary

4.2.2.6. Pay the prescribed application fees

4.2.3. Corporate entity

4.2.3.1. Evidence of existence of established branches

4.2.3.2. Possess a current license or certification from the Council or relevant and recognized regulatory or professional body to provide prescribed CPD

4.2.3.3. Have qualified and competent facilitators or trainers certified by relevant regulatory or professional bodies

4.2.3.4. Have appropriate teaching and learning resources and infrastructure for provision of CPD

4.2.3.5. Provide a calendar of activities

4.2.3.6. Comply with subsequent inspection of premises, activities, facilitators and related resources as and when the Council deems necessary

4.2.3.7. Pay the prescribed application fees
4.3. Licensing Process of CPD Providers

The applicant must:

4.3.1. Apply for licensing to provide CPD activities to the Council in accordance with the NCK CPD guidelines using the prescribed form (See Annex 8.1.)

4.3.2. Pay the prescribed application fee (Refer to the Council’s service charter)

4.3.3. Submit preliminary reports illustrating capacity to undertake CPD activities. The report should include list of facilitators and their qualifications as well as experience, evidence of appropriate training facilities and learning resources

4.3.4. The Council will conduct a face to face interview with the applicant

4.3.5. The Council will carry out an inspection visit to the mentioned facilities within 90 days and issue a report detailing the applicant’s capacity to provide CPD activities

4.3.6. The registration and licensing committee will receive and review the inspection report and recommend findings to the full council

4.3.7. The full council will ratify the report and approve or disapprove in accordance with the CPD provision guidelines

4.3.8. Successful applicants shall pay the prescribed licensing fee (Refer to the Council’s service charter)

4.3.9. The Council will issue a CPD provision license to the successful applicant within a month upon payment of the prescribed licensing fee

4.4. Responsibilities of CPD Providers

A licensed CPD provider will be expected to undertake the following functions:

4.4.1. Participate in training needs assessment

4.4.2. Develop, deliver and assess training content

4.4.3. Engage in monitoring and evaluation of CPD

4.4.4. Collaborate with relevant authorities at national and county level

4.4.5. Develop and publish a CPD training calendar

4.4.6. Adhere to stipulated guidelines on CPD

4.4.7. Submit training reports to the Council using the prescribed reporting tool or platforms at intervals prescribed by Council
4.4.8. Develop an evaluation process by the consumers that should form part of the quarterly report

4.4.9. Continuously undertake quality improvement measures for CPDs to address gaps determined by evaluation findings and changing patterns of health care delivery

4.4.10. Award certificates to nurse practitioners undertaking CPD

4.4.11. Ensure renewal of CPD license as required by the Council

4.4.12. Appropriately promote awareness of CPD activities to increase participation

4.4.13. Participate in CPD provider forums

4.4.14. Collaborate with CPD coordinators in all matters of CPD provision

4.5. Requirements for CPD Providers

The NCK has set out the following requirements to guide providers in the identification, development and implementation of activities:

4.5.1. Appoint a CPD coordinator who is the focal person with the Council on CPD matters

4.5.2. Ensure CPD activities are informed by needs assessment findings and approved by the Council

4.5.3. Communicate desired learning outcomes of all CPD activities

4.5.4. Ensure that the CPD teaching and learning methodologies selected are suited to achieve the desired outcomes

4.5.5. Ensure that the course facilitators are selected based on their field of expertise

4.5.6. Ensure that time allocated for CPD activities is adequate

4.5.7. Evaluate CPD activities continuously and submit quarterly reports to the Council using the prescribed guidelines

4.5.8. CPD Reporting tools and platforms that updates learners’ CPD points with the NCK for purposes of renewal of licenses.
4.6. Compliance

Upon licensure, the CPD provider shall be expected to comply with the stipulated guidelines listed in sections 4.2, 4.3, 4.4, and 4.5 above failure to which they will be deemed non-compliant and their licenses withdrawn. A CPD provider will be deemed fully compliant (100%) when all requirements in the above sections have been met. Each section shall account for 25% of compliance marks and each CPD provider will be subjected to this assessment and required to meet the set criteria.

4.6.1. Penalties for non-compliance

4.6.1.1. Less than 75% compliance:

(a) The Council shall issue a warning letter to the CPD provider indicating the period required for remedying the gaps identified to ensure compliance and therefore provision of CPD activities;

(b) If at the end of the specified period the CPD provider has not addressed the gaps, the Council shall not renew the license or compliance letter and the CPD provider shall start the process of licensing again.

4.6.1.2. Less than 50% compliance:

(a) The Council will issue a letter with a specified penalty fee for the existing CPD provider to pay and a period specified for compliance with requirements;

(b) If the Provider does not comply with all the provisions in section 4.2, 4.3, 4.4 and 4.5, the Council shall issue a letter revoking prior license and will deregister the CPD provider. The provider shall NOT be authorized to provide CPD for the Council until a 2-3 year cycle elapses.

4.6.2. Communication of penalties for non-compliance against a CPD provider

The Council shall communicate through a formal letter to the CPD provider detailing the grounds for non-compliance within 7 days following its decision. The letter shall be delivered through registered mail, a copy of which shall be signed by the recipient and retained by the Council.
4.7. **Grounds for Appeal**

A CPD provider can appeal against non-compliance charges as stated in section 4.6.1 if:

4.7.1. The Council recommends that a CPD provider’s license be withdrawn

4.7.2. Prior information had been given to the Council indicating the reason as to why the CPD provider was unable to comply with the requirements

4.7.3. The CPD provider is not satisfied with the non-compliance charges provided sufficient evidence is submitted

4.7.4. Circumstances are beyond the CPD provider’s control such as civil unrest, court cases, natural disasters, illness or death

4.7.5. Other reasons not outlined in the CPD guidelines provided there is adequate proof

4.8. **Appeal Process**

4.8.1. A CPD provider shall submit an appeal against the Council’s decision in the prescribed forms within 14 days following receipt of communication

4.8.2. The registration and licensing committee shall sit within 90 days to review the appeal and give recommendations to the full council for ratification

4.8.3. The full council shall give its verdict within the 90 days following receipt of the registration and licensing committee’s report

4.8.4. The full council’s decision shall be conveyed to the appellant within seven (7) days following its decision
5.0. Guidelines for Nurse Practitioners

5.1. Requirements for Nurse Practitioners

All nurse practitioners must:

5.1.1. Be registered with the Council
5.1.2. Familiarize themselves with NCK CPD guidelines
5.1.3. Comply with the minimum 40 hours CPD (annual) requirement set by the Council
5.1.4. Identify CPD activities based on needs and relevance to improvement of practice
5.1.5. Ascertain that the CPD provider is licensed by the Council
5.1.6. Maintain evidence of participation in a CPD activity
5.1.7. Participate in internal and external evaluation of CPD activity
5.1.8. Ensure renewal of practice license as required by the Council

5.2. Responsibilities of Nurse Practitioners

Registered nurse practitioners shall be required:

5.2.1. To file verifiable CPD activities documents for submission and reference
5.2.2. To provide feedback to the Council on CPD activities undertaken when necessary
5.2.3. To update personal records and information related to CPD activities at the Council

5.3. Penalties for Non-compliance

The Council expects all registered nurse practitioners to comply with the minimum 40 CPD hours (annual) requirement for renewal of practicing licenses set by the Council.

5.3.1. Failure to comply shall result in the non-renewal of the practice license in line with Cap 257 of the Laws of Kenya.
5.4. Grounds for Appeal

A registered nurse practitioner may appeal against the penalty as stipulated in 5.3 on any of the following grounds:

5.4.1. If there is an error in CPD points computation and allocation

5.4.2. If the nurse practitioner has informed the Council in writing the reasons for his/her inability to attain the minimum CPD requirements

5.4.3. Any other reasons not outlined in the NCK CPD guidelines provided there is adequate justification

5.5. Appeal Process

The registered nurse practitioner shall be required to:

5.5.1. Fill the nurse practitioner appeal form

5.5.2. Submit their appeal and all accompanying documentation within 14 days after communication of penalty

5.5.3. Lodge appeal documents with the Council

The verdict of all appeals filed will be communicated within 90 days from the date the appeal is filed.

5.6. Exemption Process

The following will be considered as grounds for exemption for all registered nurse practitioners:

5.6.1. Illness and incapacitation for over 6 months

5.6.2. Suspension from duty for more than 6 months

5.6.3. Any other substantial reasons which are evidence based
6.0. CPD Implementation Structure

6.1. Introduction

The CPD guidelines will be implemented in the three defined levels in line with the Ministry of Health devolution structure in order to ensure that CPD provision and regulation meets the wider national health priorities of improving service delivery through improved health worker competencies and performance.

6.2. CPD Implementation

The Council through the registration and licensing department are responsible for operationalization of the CPD programme. The NCK CPD guidelines will be disseminated to all counties and sub-counties and target all the relevant stakeholders especially the providers and practitioners. County coordinators will act as liaisons between the national and county structures as well as being responsible for the successful implementation of all CPD activities. This structure aims at ensuring free flow of feedback from the national to the county level and vice versa. County related CPD activities will entail coordination, supervision and monitoring.

6.3. CPD Coordination

The organogram below is illustrative of the coordination structure for CPD activities:
6.4. CPD National Level Structure Functions

The key roles and functions under the national level will be the following:

6.4.1. Policy formulation
6.4.2. National coordination of CPD activities
6.4.3. Licensure of CPD activities and providers
6.4.4. Approval of CPD coordinators to serve at county and sub county levels
6.4.5. Formulation and development of CPD regulatory tools
6.4.6. Monitoring and evaluation of CPD activities and providers
6.4.7. Re-licensure of nurses’ practice licenses after attainment of prescribed CPD points required annually
6.4.8. Conduct training needs assessments
6.4.9. Maintenance of a national database for CPD providers and practitioners
6.4.10. Advice the Cabinet Secretary on CPD for nurses matters

6.5. CPD County Level Structure Functions

The key roles and functions under the County level will include the following:

6.5.1. Policy implementation
6.5.2. Identify specific county CPD needs
6.5.3. Coordination of CPD activities at county level
6.5.4. Quarterly reporting to the Council
6.5.5. Liaison with the Council at national level
6.5.6. Monitoring and evaluation at county level

6.6. CPD Sub-County Level Structure Functions

The key roles and functions under the Sub-County level will include:

6.6.1. Identifying specific sub county CPD needs
6.6.2. Coordination of CPD activities at sub-county level
6.6.3. Quarterly reporting to the County Coordinator
6.6.4. Liaison with County Coordinator
6.6.5. Monitoring and evaluation at sub-county level

6.7. Feedback Mechanisms for CPD Quality Assurance

A mechanism for effective and efficient implementation of the CPD programme will be put in place. This will ensure adherence to CPD standards through feedback strategies namely:

6.7.1. Licensing and certification
6.7.2. Written reports
6.7.3. Awarding systems
6.7.4. Suggestion box
6.7.5. Client satisfaction surveys
6.7.6. Complaints and compliments register
6.7.7. Social media
6.7.8. Opinion polling
6.7.9. Sanctions

6.8. Review of CPD Guidelines

The CPD guidelines shall be reviewed every five (5) years after evaluation of the CPD programme or as need arises to assess performance, identify gaps and areas of improvement. The review process shall be based on the feedback received.
7.0. MONITORING AND EVALUATION FRAMEWORK

The Monitoring and Evaluation (M&E) Framework of CPD activities will be implemented by the Council through the CPD coordination structure. The CPD Results Framework and Monitoring and Evaluation plan are outlined below:

7.1. Table 1: The CPD Results Framework

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Performance Indicators</th>
<th>Means of Verification</th>
<th>Critical Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To establish a CPD implementation system</td>
<td>1.1. Formulation of policy guidelines</td>
<td>Approved CPD guidelines</td>
<td>Existence of approved CPD guidelines</td>
<td>Every stakeholder will participate during the policy formulation</td>
</tr>
<tr>
<td></td>
<td>1.2. Development of CPD operational tools</td>
<td>No. of working tools developed</td>
<td>Existence of working tools</td>
<td>Resources will be available</td>
</tr>
<tr>
<td></td>
<td>1.3. Creation of CPD delivery and reporting platforms</td>
<td>No. of functional CPD platforms established</td>
<td>CPD delivery platforms in use</td>
<td>Availability of resources</td>
</tr>
<tr>
<td></td>
<td>1.4. Dissemination of policy guidelines</td>
<td>No. of CPD providers sensitized</td>
<td>Attendance lists Policy guideline materials disseminated Report of feedback from CPD providers</td>
<td>Resources for dissemination will be availed</td>
</tr>
<tr>
<td></td>
<td>1.5. Establishment of county and sub-county coordination teams</td>
<td>No. of functional county coordination teams established</td>
<td>Approval letters for appointment of coordinators Record of coordinating meetings and TORs</td>
<td>Counties will select the coordinators</td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities</td>
<td>Performance Indicators</td>
<td>Means of Verification</td>
<td>Critical Assumptions</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>1. To establish a CPD implementation system</td>
<td>1.6. Licensure of CPD providers</td>
<td>No. of CPD providers licensed</td>
<td>Database of CPD providers licensed</td>
<td>CPD providers will apply for licensure voluntarily</td>
</tr>
<tr>
<td></td>
<td>1.7. Development of a database for CPD activities</td>
<td>CPD database</td>
<td>Existence of CPD database</td>
<td>Database will capture licensed providers, courses and identification data of health workers</td>
</tr>
<tr>
<td></td>
<td>1.8. Establishment of partnerships for CPD activities</td>
<td>No. of working partnerships established</td>
<td>MOUs and licenses issued</td>
<td>Goodwill and cooperation, Conductive political environment</td>
</tr>
<tr>
<td>2. To establish CPD appraisal mechanism</td>
<td>1.1. Develop and appraisal checklist</td>
<td>Appraisal checklist</td>
<td>Existence of appraisal checklist</td>
<td>There will be CPD appraisal system for health workers and CPD providers</td>
</tr>
<tr>
<td></td>
<td>1.2 Appraisal of CPD activities and providers Renewal of practicing licenses for nurses based on minimum of 40 CPD points</td>
<td>Inventory of CPD activities and CPD providers appraised No. of licenses renewed</td>
<td>Appraisal reports Updated database of licenses renewed</td>
<td>Resources will be available All nurse practitioners will be retained in the register</td>
</tr>
<tr>
<td></td>
<td>1.3. Post training evaluation</td>
<td>Number of (people/nurses) taking Post training evaluation test</td>
<td>Availability of post training evaluation reports</td>
<td>Resources will be available</td>
</tr>
<tr>
<td>3. To strengthen professional competencies for quality service delivery</td>
<td>1.1. Conduct baseline survey on clinical competencies</td>
<td>No. of competencies identified</td>
<td>Survey reports</td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities</td>
<td>Performance Indicators</td>
<td>Critical Assumptions</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>------------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>3. To strengthen professional competencies for quality service delivery</td>
<td>1.2. Identify training and practice needs at the national and county level</td>
<td>Training needs identified</td>
<td>Availability of tools and resources to conduct TNAs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3. Develop/review thematic areas</td>
<td>No. of thematic areas identified</td>
<td>Stakeholders’ participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4. Prescribe core competencies for identified thematic areas</td>
<td>No. of competencies prescribed</td>
<td>Availability of resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.5. Awareness creation on available CPD activities</td>
<td>No. of nurses sensitized on available CPD activities</td>
<td>Resources availability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.6. Supervise provision of CPD activities/ trainings</td>
<td>No. of CPD trainings supervised</td>
<td>Full stakeholders participation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All stakeholders will participate in CPD activities</td>
<td></td>
</tr>
</tbody>
</table>

Means of Verification:
- TNA reports
- Inventory of thematic areas
- Core competencies
- No. of competencies prescribed
- IEC materials
- Attendance lists
- Sensitization reports
- Provider returns
- Updated database of practitioners taking CPD training

Critical Assumptions:
- Availability of tools and resources to conduct TNAs
- Stakeholders’ participation
- Availability of resources
- Resources availability
- Full stakeholders participation
- All stakeholders will participate in CPD activities
### 7.2. Table 2: Monitoring and Evaluation Plan

<table>
<thead>
<tr>
<th>Activities</th>
<th>Results</th>
<th>Indicator</th>
<th>Target</th>
<th>Frequency of Reporting</th>
<th>Data source</th>
<th>Responsible person</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: To establish a CPD implementation system</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulation of policy guidelines</td>
<td>CPD policy guidelines</td>
<td>Approved CPD guidelines</td>
<td>1</td>
<td>Once</td>
<td>Workshop reports, Council records</td>
<td>Registrar, NCK</td>
<td></td>
</tr>
<tr>
<td>Development of working tools</td>
<td>Functional CPD tools</td>
<td>No. of working tools developed</td>
<td>5</td>
<td>Quarterly</td>
<td>Council records</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
</tr>
<tr>
<td>Create CPD delivery and reporting platforms</td>
<td>Functional CPD delivery platforms</td>
<td>No. of delivery platforms in use</td>
<td>2</td>
<td>Quarterly</td>
<td>Feedback reports, Database</td>
<td>HOD, ICT</td>
<td></td>
</tr>
<tr>
<td>Dissemination of policy guidelines</td>
<td>Sensitized and informed stakeholders</td>
<td>No. of stakeholders dissemination forums</td>
<td>10</td>
<td>Quarterly</td>
<td>Meeting reports, Council records</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No. of stakeholders sensitized</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No. of institutions with policy guidelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish county and sub-county coordination teams</td>
<td>Functional teams at the county and sub-county level</td>
<td>No. of counties with coordination teams established</td>
<td>47</td>
<td>Quarterly</td>
<td>Council records</td>
<td>HOD, Registration &amp; Licensing</td>
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<tr>
<td>License CPD providers</td>
<td>Licensed CPD providers</td>
<td>No. of CPD providers licensed</td>
<td>47</td>
<td>Quarterly</td>
<td>Council records</td>
<td>Registrar, NCK</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>Results</td>
<td>Indicator</td>
<td>Data source</td>
<td>Responsible person</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop database of CPD activities</td>
<td>Develop and appraisal checklist</td>
<td>Existence of CPD Appraisal checklist</td>
<td>Council records</td>
<td>HOD, ICT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish partnerships for CPD activities</td>
<td>Appraisal of CPD activities and providers</td>
<td>Appraisal reports</td>
<td>Database</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appraisal of practicing nurses aligned with CPD</td>
<td>No. of licenses renewed</td>
<td>Database</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gaps analysis report</td>
<td>No. of licenses renewed</td>
<td>Gaps analysis report</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of CPD program implementation</td>
<td>Revised CPD program</td>
<td>Review of CPD program</td>
<td>HOD, Registration &amp; Licensing</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 2: To establish CPD appraisal mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of partnerships established</td>
</tr>
<tr>
<td>Annually</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 3: To strengthen professional competencies for quality service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of licenses renewed</td>
</tr>
<tr>
<td>Quarterly</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Data source</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council records</td>
<td>HOD, ICT</td>
</tr>
<tr>
<td>Database</td>
<td>HOD, Registration &amp; Licensing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of Reporting</th>
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<tr>
<td>Annually</td>
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<tr>
<td>Quarterly</td>
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<tr>
<th>Target</th>
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<tr>
<td>1</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>Activities</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Conduct baseline survey on clinical competencies</td>
</tr>
<tr>
<td>Identify training and practice needs at the national and county level</td>
</tr>
<tr>
<td>Develop/ review thematic areas</td>
</tr>
<tr>
<td>Prescribe core competencies for identified thematic areas</td>
</tr>
<tr>
<td>Awareness creation on available CPD activities</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Supervise provision of CPD activities/trainings</td>
</tr>
</tbody>
</table>
8.0. ANNEXES

8.1. CPD Provider Application Form

CPD PROVIDER APPLICATION FORM

INFORMATION TO APPLICANTS:

a) The application form must be completed by a duly authorized person

b) Fill in the document using BLOCK letters

c) Each application must be accompanied by the prescribed application fee receipt. All payments to the council MUST be made through the following bank accounts:

Cooperative Bank, Kibera branch, A/C No. 01136098613400 or
Barclays Bank of Kenya, Queensway branch, A/C No. 094-8023954

PART A: APPLICANT’S INFORMATION

1. Name of institution/organization/entity (circle the appropriate one):

2. Permanent address of the institution/organization/entity:

3. Physical address (include road, street and building name):

4. Postal Address: Postal Code:
City/Town: County:
5. **Contact Details:**

Name of Contact Person: ........................................................................................................

Telephone No: ......................................................................................................................

Mobile No: ..............................................................................................................................

Email: ..................................................................................................................................

Website: ................................................................................................................................

6. **CPD category applying for:**

Individual: □ Institution/Organization: □ Corporate: □

7. **Type of entity**

- Individual nurses registered and licensed by the NCK
- Health facilities: Public □ Private □ Faith based □
- Training institutions: Public □ Private □ Faith based □
- Relevant Health Professional bodies □
- Non-Governmental Organizations □
- Pharmaceutical and or medical technology organizations □
- Research institutions □

8. **Targeted County(ies) where CPD activity will be undertaken:**

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.............................................................................................................................................
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.............................................................................................................................................

9. **CPD activity details**

<table>
<thead>
<tr>
<th>CPD Activity Name/Title</th>
<th>Duration</th>
<th>Thematic/Subject Area</th>
<th>Delivery mode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Attach additional activities if space not enough)
10. Attachments required:

<table>
<thead>
<tr>
<th>Individual</th>
<th>Institution/Organization</th>
<th>Corporate entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid professional license by NCK or other regulatory or professional body</td>
<td>Certificate of registration</td>
<td>Certificate of registration</td>
</tr>
<tr>
<td>PIN Number</td>
<td>PIN Number</td>
<td>PIN Number</td>
</tr>
<tr>
<td>Tax compliance certificate</td>
<td>Tax compliance certificate</td>
<td>Tax compliance certificate</td>
</tr>
<tr>
<td>Competency certificate in stated thematic area</td>
<td>Competency certificate in stated thematic area of selected trainers</td>
<td>Competency certificate in stated thematic area of selected trainers</td>
</tr>
<tr>
<td>Certificate/Evidence of Years of experience as a trainer in stated thematic area</td>
<td>Curriculum vitae of trainers or facilitators</td>
<td>Curriculum vitae of trainers or facilitators</td>
</tr>
<tr>
<td>Curriculum vitae</td>
<td>Referees. Provide a minimum of 3 or more</td>
<td>Referees. Provide a minimum of 3 or more</td>
</tr>
<tr>
<td>Referees. Provide a minimum of 3 or more</td>
<td>Documentation of collaboration with an institution(s)/infrastructure in which will be providing the training</td>
<td>Documentation of collaboration with an institution(s)/infrastructure in which will be providing the training</td>
</tr>
<tr>
<td>Documentation of collaboration with an institution(s)/infrastructure in which will be providing the training</td>
<td></td>
<td>Evidence of branches</td>
</tr>
</tbody>
</table>

PART B: DECLARATION BY APPLICANT

I/we, the undersigned confirm that all the information in this form and accompanying attachments is correct and true. I/we agree to inform the Nursing Council of Kenya, about any changes or modifications made on the information given in this application and attachments submitted.

Full Names: ________________________________________________________________________________

Designation of Signatory(S): _________________________ Signature: __________________________

Date: _______________________________________________________________________________________

Full Name: _________________________________________________________________________________

Designation of Signatory(S): _________________________ Signature: __________________________
PART C: FOR NCK OFFICIAL USE ONLY

1. Application Number ..............................................................................................................
2. Date of submission of Application ................................................................................................
3. Receipt No..........................................................................................................................
4. Received By: .......................................................................................................................... Signature ..........................................................

Recommendation:

License granted: ☐ License number: ..........................................................

License not granted: ☐

Reasons why license not granted:

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

Approved by Registrar:

NAME: ..........................................................................................................

SIGN: ..........................................................................................................

DATE: ..........................................................................................................

Official NCK Stamp:
8.2. CPD Provider Licensure Checklist

CPD PROVIDER LICENSURE CHECKLIST

Licensure is mandatory for individuals, institutions, organizations and corporate entities wishing to provide CPD activities.

Purpose of the assessment:

To assess the eligibility of an applicant interested in providing continuing professional development training to nurses.

The aim of the assessment is to:

☐ Evaluate the capacity of the applicant to provide the prescribed CPD

☐ Provide information to the Council for decision making

☐ Strengthen quality assurance of CPD programmes

Licensure Process

1. The applicant:
   a. Submits an application form to the Registrar, NCK.
   b. Pays the prescribed application fee
   c. Submits preliminary reports illustrating capacity to undertake CPD activities.

2. The Council
   a. Conducts a face to face interview with the applicant.
   b. Carries out an inspection visit to the applicant’s facilities.
   c. Receives reviews and ratifies the inspection report.
3. The Council issues a CPD provision license to the successful applicant upon payment of licensure fee.

<table>
<thead>
<tr>
<th>Name of potential CPD provider:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of existence:</td>
<td></td>
</tr>
<tr>
<td>Physical location:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td>District:</td>
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<tr>
<td>Sub County:</td>
<td>Town:</td>
</tr>
<tr>
<td>Contact person:</td>
<td></td>
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<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Tel No:</td>
<td></td>
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<tr>
<td>Position:</td>
<td></td>
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<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Registration Officer:</td>
<td>Registrar:</td>
</tr>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Assessment Date:</td>
<td>Approval Date:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>
Scoring System

The licensure is divided into two parts: critical and non-critical assessment areas with a total score of 100%. An applicant must score 75% in the critical areas and at least 25% in the non-critical areas. The critical area contains 15 questions while the non-critical area contains 5 questions.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Minimum Standard Met</th>
<th>No</th>
<th>Minimum Standard Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Criteria (Must score 100%)</td>
<td>Total Yes</td>
<td>Total No</td>
<td>Score Y/(Y+N) x 100 %</td>
</tr>
<tr>
<td>All other questions (Must score ≥ 75%)</td>
<td>Total Yes</td>
<td>Total No</td>
<td>Score Y/(Y+N) x 100 %</td>
</tr>
</tbody>
</table>

Recommendation for Registration
PASS | RE-ASSESSMENT WITHIN MONTH/S | FAIL |

<table>
<thead>
<tr>
<th>#</th>
<th>Assessment Area</th>
<th>Objectively verifiable indicator</th>
<th>Yes/No</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The provider is certified/licensed by a credible body in the area they want to offer CPD</td>
<td>Certificate of competence from a credible training body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>The provider belongs to one of the following categorization</td>
<td>Individual</td>
<td>Organization/institution</td>
<td>Corporate entity</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Appoint a CPD coordinator for the prescribed CPD activities</td>
<td>Name and appointment letter of CPD coordinator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Assessment Area</td>
<td>Yes/No</td>
<td>Score</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td>Provider to submit a preliminary report illustrating capacity to undertake CPD activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>The provider has venue or facility or infrastructure for provision of CPD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>The provider is or has qualified facilitators for CPD to be offered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Evidence of having undertaken a CPD needs assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>CPD activity is in line with the needs and interest of the nursing profession, improving quality of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>The provider has ethically sound CPD activity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>CPD Content with clear learning outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>CPD activity has specified title, contact hours and grading structure</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>12.</td>
<td>The existence of evaluation/feedback mechanism to assess outcomes achieved</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13.</td>
<td>Has a schedule for CPD activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Assessment Area</td>
<td>Objectively verifiable indicator</td>
<td>Yes/No</td>
<td>Score</td>
<td>Comments</td>
</tr>
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<td>----</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>--------</td>
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</tr>
<tr>
<td>14.</td>
<td>Has an assigned CPD coordinator to coordinate CPD activities</td>
<td>• Name and contact details</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Provider should have a reporting system to submit CPD data periodically</td>
<td>• CPD reporting system</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Assessment areas (provider must score at least 25% in this section to be licensed)**

| 1.  | • Category I                                       |                                    |        |       |          |
|     | • Category II                                      |                                    |        |       |          |
|     | • Category III                                     |                                    |        |       |          |
| 2.  | • List of target groups                            |                                    |        |       |          |
| 3.  | • Teaching methodologies                           |                                    |        |       |          |
| 4.  | • Brochures, media, website, posters, face to face etc. |                                    |        |       |          |
| 5.  | • Facilities around venue                          |                                    |        |       |          |
|     | • Availability of transportation                   |                                    |        |       |          |
|     | • % of target audience in a particular area        |                                    |        |       |          |
|     | • Justification of cost of courses                 |                                    |        |       |          |
8.3. CPD Provider Appeal Form

CPD PROVIDER APPEAL FORM

PART A: INSTRUCTIONS TO THE APPLICANT
a) The form should be filled in BLOCK LETTERS by the applicant
b) A copy of approval certificate of providers
c) A copy of renewal license certificate
d) Relevant data capture tools (CPD attendance sheet)
e) Attachment(s) of evidence for use in appeal grounds
f) The application for appeal should be within 30 days after the penalty communication

PART B: APPELLANT DETAILS
Name of CPD Provider: ……………………………………………………………………………………………………………………………

CPD Provider No: ………………………………………………………………………………………………………………………………………

Permanent Address: ……………………………………………………………………………………………………………………………………

Email Address: ………………………………………………………………………………………………………………………………………

County: …………………………………………………………………………………………………………………………………………………

Name of the Respondent: ……………………………………………………………………………………………………………………………

National Identity/Passport No: ………………………………………………………………………………………………………………………
PART C: NATURE OF COMPLAINTS

I wish to appeal against the decision of the: NCK CPD COMMITTEE on the subject below:

Subject of Complaint: ....................................................................................................................................

Date of incident: day ........................................ month ................................... year ..................................

Complaint(s)
..................................................................................................................................................................................
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Expected outcome:
..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................
..................................................................................................................................................................................

Name: ............................................................ Sign: ...............................................................

Witness:.............................................................................................................................................................

Name:...........................................................................................Sign:............................................................
PART D: DECLARATION

I ........................................................................................................ declare that the information I will provide is correct and truthful to the best of my knowledge.

Signature: .................................................................................................................

Witness Name: ........................................................................................................
Signature: .................................................................................................................

PART E: COMMITTEE’S OFFICIAL REPORT

Comments

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Conclusion:

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Recommendation:

.................................................................................................................................................................................
.................................................................................................................................................................................
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Committees Verdict:


Committee members present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Date</th>
<th>Signature</th>
</tr>
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<td>7</td>
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</tbody>
</table>

Committee chairperson’s name:

Signature: __________________________ Date: __________________________

CPD Officer’s Signature: __________________________
8.4. CPD Nurse Practitioner Appeal Form

REQUIREMENTS FOR APPEAL TO THE NCK

PART A: INSTRUCTIONS TO THE APPLICANT

a) The applicant should fill the form in BLOCK LETTERS
b) A copy of relevant data capture tools
c) Attachment(s) of credible evidence for use in appeal grounds
d) The application to for appeal should be within 30 days after the penalty communication.

PART B: APPELLANT DETAILS

Name: ....................................................................................................................................................................

NCK. License No: ...............................................................................................................................................

PART C: NATURE OF COMPLAINT

I wish to appeal against the decision of the NCK

Subject of Complaint: ...........................................................................................................................................

Complaint(s):

.................................................................................................................................................................................

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Expected outcome:

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..................................................................................................................................................................................
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..................................................................................................................................................................................

Name: .............................................................................. Sign: ..........................................................................

PART D: DECLARATION

I ........................................................................................................................................................................................................... declare that the information I will provide is correct and truthful to the best of my knowledge.

Sign:...................................................................................................

PART E: COMMITTEE’S OFFICIAL REPORT

Comments:

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Conclusion:

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Recommendation:


MEMBERS PRESENT:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
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<td>1</td>
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</tbody>
</table>

Committee Chairman:

Name: ....................................................................................................................................................................

Signature: .................................. Date: ..........................

Committee Secretary:

Name: ....................................................................................................................................................................

Signature: .................................. Date: ..........................
8.5. References

The Registrar

Nursing Council of Kenya
P. O. Box 20056-00200,
Nairobi, Kenya.
Tel: 3873556/3873585
Fax: 3873585
Cell: +254721920567/+254733924669
Email – info@nckenya.org
Website: www.nckeny.org

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