

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 8000 for all programmes**. All payments to the Council should be made using the instructions stipulated in the Council's Online Services Portal.

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 <i>[PRINT]</i>						
Full Names:		[Surname] [First Name] [Middle Name]			Postal Address:	
Personal Mobile No:					Email Address:	
National ID/Passport No:					Citizenship:	
Training Information <i>[PRINT]</i>						
Index No:				Date of Training Commencement:		
Nurse Training School:				Date of Training Completion:		
Training Cadres <i>[Clearly tick cadre for Examination]</i>						
<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) _[RJ]	<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 <i>[PRINT]</i>						
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"/>		<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 <i>[MUST include Official Stamp]</i>					Date	
Name: _____			Signature: _____			
Designation: _____						

