

Nursing Council of Kenya

Promoting quality nursing education and practice in Kenya



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 Phone: 254 (020) 3873556/ +254721920567/ +254733924669
 Web: www.nckkenya.com
 Kabarnet Lane, off Ngong Road, Nairobi

NCK OFFICIAL USE			
Enrolment /Registration No:		License No:	
Date:		Date:	
Registration Officer:		Licensing Officer:	

Application for Registration/Enrollment

This application **MUST** be completed in **FULL** and be submitted to the Registrar, Nursing Council of Kenya within **30 days** following the release of Licensing Examination results by the Council.

The Enrollment/Registration fee is Ksh 7000. The retention fee is Ksh 2000 for all nurses. The late Enrollment/Registration (after 30 days) fee is ksh 14,000, and ksh 21,000 after 2 years following the release of your Licensing Examination results. **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. Mpesa Pay bill 99235 ACC No 002 followed by ID NO (No spacing)**

All applications **MUST** be accompanied with copies of your National Identity Card [ID]/passport, NCK Examination Result Slip and **2** colored passport size photographs. Upgrading applicants **MUST** also attach copies of previous certificates/qualifications, the **original** nursing practice license and the nursing practice license (retention) fee.

Applicant Information [PRINT]			
Full Names:	[Surname] [First Name] [Middle Name]	Postal Address:	
Personal Mobile No:		Email Address:	
National ID/Passport No:			
Training Information [PRINT]			
Training School:		NCK Exam No:	
Index No:		NCK Exam Date:	
Training Cadres [Clearly tick cadre for admission]			
<input type="checkbox"/> KEN[EB]	<input type="checkbox"/> KRCHN(B)[RK]	<input type="checkbox"/> KRPON[RP]	<input type="checkbox"/> KRNeON[RV]
<input type="checkbox"/> KEM[ED]	<input type="checkbox"/> KRCHN(PB)[RI]	<input type="checkbox"/> KRNM[RQ]	<input type="checkbox"/> KRN/MHP[XW]
<input type="checkbox"/> KECHN[EF]	<input type="checkbox"/> BScN[RL]	<input type="checkbox"/> KRNA[RR]	<input type="checkbox"/> KRPCCN [RX]
<input type="checkbox"/> KECHN(PB)[EH]	<input type="checkbox"/> KRPN[RJ]	<input type="checkbox"/> KRCCN[RS]	<input type="checkbox"/> KRPCN [RY]
<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]	
Practice License Details [Tick relevant]			
<input type="checkbox"/> New	<input type="checkbox"/> Upgrading*	* Provide Current License No. _____	
		* Current Station and Employer Name _____	
Declaration			
I hereby declare that the foregoing information is true and correct to the best of my knowledge.			
Applicant Signature			Date
I hereby declare that the applicant's conduct during training was satisfactory and that the applicant is fit to be admitted to the roll/register.			
Head of Nursing Department [Please include Official Stamp]			Date
Name: _____		Signature: _____	
Designation: _____			