



NURSING COUNCIL OF KENYA

APPLICATION/RENEWAL OF PRACTICE LICENSE FORM

P.O Box 20056- 00200 Nairobi | Tel: +254721920567 / +254733924669 | Email: info@nckeny.org | Website: www.nckeny.com
Location: Kabamet Lane, off Ngong Road

This application must be completed in full and be submitted to the Registration and Licensing Department of Nursing Council of Kenya before expiry **date** of a practicing license (every 1 year), or upon successful completion of a Council's licensing examination.

The Application/Renewal of Practice License fee is **ksh 2000**. Application from Newly qualified nurses are received and accepted within 30 days upon release of the Council's licensing examinations.

Loss of the practice license must be reported to the council and the nearest police station. The fee for replacement of a lost practicing license is **ksh 2000**. **NOTE Attach a Police Abstract**

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 992350 ACC NO 002 followed by IDNO (no spacing)



Required Attachments:

- 1.All Nursing Council of Kenya Registration Certificates; **copies**
2. National Identity Card [ID]/Alien [ID] and passport;**copy**
3. One (1) colored passport size photographs;
4. Expiring original nursing practice license; **original**
5. Evidence of having undergone 40hrs of professional training every year / CPD Log Book. **Copies**

OFFICIAL USE ONLY						TICK where applicable		
LICENSE NO						NEW	RENEWAL	EXPIRY DATE

SECTION A: APPLICANT INFORMATION

First name..... Middle name(s)..... Surname.....

Other names if not as in your certificates.....
(Attach Testimonials)

Date of Birth/...../..... ID No..... Passport No.....
dd mmm yyyy

Current Postal Address Mobile No.....
Box no code town

Current email address

TURN OVER

SECTION B: NCK REGISTRATION INFORMATION

Qualifications

Registration/ Enrolment Number

- 1.
- 2.
- 3.
- 4.

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SECTION C: WORK STATION

Name of Organization..... Title.....

Current Work Station..... Address.....

Contact Person..... Mobile No.....

I..... do hereby declare that the foregoing information I have given is true and correct to the best of my knowledge.

Signature of Applicant.....

Date.....

SECTION E: OFFICIAL USE

Approved/ Not approved

Name Date.....

Designation..... Date.....