

# Nursing Council of Kenya

Promoting quality nursing education and practice in Kenya



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## Health Facility Nurse Returns Form

NB: This return form shall be submitted to the Nursing Council of Kenya by 1st of July each year.

Name of Health Facility	
Name of the Health Facility Supervisor:	Contact details:
County	Sub county
Facility Postal Address:	email address
Telephone / mobile Number	
Health Facility Bed Capacity	Average Bed Occupancy
Total No. of Nursing staff:	
No of: 1. BSCNs	2.KRCHNs
3.KRN/M	4.KRN/PSY
5.KRN	6.KECHN
7.KEN	
Total No. of Nurses with specialized training:	
1. KRM	2. KRPsy/KEPsy
3. KRPaeds	4. KRA/E
5. KRAnaesthesia	
7. KRNeurology	8. KRONcology
9.KRPalliative	10.KRPaedsCCN
11.KEM	
12. KRCCN	13. KRPeri-Op
14. KRCHN (PB)	
Others: 1. Masters	2.Doctorate
(make a separate list of specialities)	
No of CPD Coordinators	
Total No. of student mentors/ preceptors	
Hospital Average Nurse: patient ratio	



