

	CERTIFICATE REPLACEMENT APPLICATION FORM		DOCUMENT CONTROL Serial: NCK/RL/R/F/005 Revision No. 00 Revision Date: 31 Jan 2022
	Owner	Manager, Registration & Licensing	

NURSING COUNCIL OF KENYA

Promoting quality nursing education and practice in Kenya

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 Nairobi, Kenya.

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This application form must be completed in full and be submitted to the Registration and Licensing

Department of Nursing Council of Kenya by the candidate.

NOTE: Payment to the Council should be made through the **Mpesa Paybill business number 992350 after approval.**

PART 1: To be filled by applicant

Names (as appears in the certificate(s) to be replaced.

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Date of birth.....ID No.....Gender.....

Mobile no..... E-mailPostal address.....

Training school Index Number.....

Month/year: Commencement of training Completion of training.....

Registration/Enrollment No..... Practice license No..... Expiry date.....

Qualifications:

	Year	Registration /Enrolment No.
1.		
2.		
3.		
4.		

Registration /enrollment no. of the certificate(s) to be replaced.....

EMPLOYMENT

Current employer County of employment.....

Address Telephone No..... Mobile
Number.....

DECLARATION

I Declare that the information I have given above is correct
to the best of my Knowledge

..... Date
(Signature of applicant).

PART 2: FOR OFFICIAL USE ONLY (REGISTRATION & LICENSING)

Documents presented (circle as appropriate) by Registration & Licensing Officer.

1. Police abstract
2. Copy of certificate
3. Practice license
4. Fee paid
5. National ID

DATA BASE

Does the entire information furnished match with the one in the database?

(Tick as appropriate)

Yes No

HAS THE APPLICANT BEEN POSITIVELY IDENTIFIED?

Yes No

Verified by: Name.....Designation.....Signature

Date.....

Recommendation by Registration & Licensing Manager.

Name.....Authority title.....

Tick as appropriate: Recommended Not recommended Reasons:

.....

SignatureDate.....

Registrar's Approval:

By forwarding memo for the list of applicants.

Date.....

LIST OF REQUIREMENTS FOR THE REPLACEMENT OF A LOST CERTIFICATE

1. Request Letter with details of the certificate loss
2. Application form duly filled
3. Police abstract
4. Colour Passport photographs (2)
5. Practice license and photocopy

6. National ID and photocopy
7. Application and processing fee Ksh. 10,000 per certificate
8. Photocopy of the lost certificate (s) if applicable

LIST OF REQUIREMENTS FOR THE REPLACEMENT OF CERTIFICATE FOR OTHER REASON

1. Request Letter indicating the reason
2. Application form duly filled
3. Original certificate
4. Colour Passport photographs (2)
5. Practice license and photocopy
6. National ID and photocopy
7. Birth Certificate, marriage certificate or affidavit/ gazette notice (original and copies) as it may apply
8. Application and processing fee **Ksh. 5,000** per certificate

TERMS AND CONDITIONS FOR CERTIFICATE REPLACEMENT

1. The applicant will be expected to submit an application letter giving details of the loss
2. Complete an application form obtainable from the Council offices.
3. The applicant is expected to produce a police abstract on the loss
4. The applicant must have a valid practice license.
5. A non-refundable Application and processing fee of **Ksh.10, 000** for a lost certificate or **Ksh.5, 000** for others
6. Police abstract, affidavit, marriage, birth certificate or any other relevant document as may apply
7. Payment will be done via Mpesa
8. A **duplicate** certificate will be **issued within 30 days** from the date of request, subject to receipt of all the necessary documents and, verification by the Nursing council of Kenya.
9. Duplicate certificate shall be issued only once.
10. The council reserves the right to issue or reject any application