



APPLICATION FORM FOR CERTIFICATION OF REGISTRATION AND LICENSING DOCUMENTS

DOCUMENT CONTROL

Serial: NCK/RL/L/F/003
Revision No. 03
Revision Date. 15/01/2025

Owner *Director, Registration & Licensing*

NURSING COUNCIL OF KENYA

Promoting quality nursing education and practice in Kenya
NCK Plaza, Kabarnet Road off Ngong Road - Nairobi
P.O Box 20056-00200,
Nairobi, Kenya.

Tel: 0207854665, 0207854669,
Cell: +254721920567

Email – info@nckkenya.go.ke; outmigration@nckkenya.go.ke; registration.licensing@nckkenya.go.ke

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.

Requirements:

1. All Nursing Council of Kenya Registration Certificates (Original & copies);
2. National Identity Card [ID]/Alien [ID] and passport;
3. Copy of the relevant certificate for Certification.
4. Tick as appropriate on Certify by: official stamp or certificate 5. Application fee.

Date of application.....

SECTION B: 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 AddressTel No.....
Box no code town

Current email addressMobile No.....

Practice License number..... Expiry date.....

Contact details of requesting institution within Kenya:

Name of the institution.....County..... Town.....

Type of institution: (Tick)- GOK (), Faith based (), Private (), Emigration recruiting Agency()

(If Emigration recruiting Agency, State country involved.....)

Official address

Email Contact.....Mobile Number.....



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Reason for NCK document certification Request.....

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.....

PART D: OFFICIAL USE FOR REGISTRATION & LICENSING.

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

Signature.....Date.....

Recommendation by Director, Registration & Licensing.

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

Tick as appropriate: Recommended Not recommended

Reasons:

SignatureDate.....