NURSING COUNCIL OF KENYA

TOK APPLICATION FOR REGISTRATION FORM

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

Required Attachments:

i. Birth Certificate;
ii. National Identity Card and/or Passport;
iii. Valid Practice License;
iv. Curriculum Vitae;
v. Original Professional Certificates;
vi. Original Transcripts;
vii. Copies of College Certificates;
viii. Verification by Registering Board;
ix. Academic Certificates (Kenyans Only);
x. Service Charge (Kenyans Ksh 2000, Non-Kenyans $50)

Attach photograph here

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
Swift Code: BARCKENX

OFFICIAL USE ONLY	TOK							

SECTION A: APPLICANT INFORMATION

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

Other names if not as in your certificates……

(Attach Legal Testimonials)

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

Nationality ……..…… Permanent Address…..……

Address in Kenya ……-……, …… Mobile No…..……..
box no code town

Current Email Address ……

SECTION B: SECONDARY/HIGH SCHOOL EDUCATION

Training Institution	Qualification	Qualification Date (dd/mm/yyyy)
1. ……....	……	……
2. ……	……	……
3. ……	……	……
4. ……	……	……

SECTION C: PROFESSIONAL QUALIFICATIONS

Training Institution	Qualification	Qualification Date (dd/mm/yyyy)
1. …….....	……	……
2. ……	……	……
3. ……	……	……
4. ……	……	……

SECTION D: PROFESSIONAL REGISTRATION AND LICENSURE

Registering Board……..……..…Country/State……..……

Qualification/Cadre……..…….....Registration No……..……..……

License No……..……..……Expiry Date (dd/mm/yyyy)……..……

Registering Board……..……..…Country/State……..……

Qualification/Cadre……..…….....Registration No……..……..……

License No……..……..……Expiry Date (dd/mm/yyyy)……..……

Registering Board……..……..…Country/State……..……

Qualification/Cadre……..…….....Registration No……..……..……

License No……..……..……Expiry Date (dd/mm/yyyy)……..……

Registering Board……..……..…Country/State……..……

Qualification/Cadre……..…….....Registration No……..……..……

License No……..……..……Expiry Date (dd/mm/yyyy)……..……

SECTION E: NURSING COUNCIL OF KENYA REGISTRATION INFORMATION (tick any that apply)

I request the Nursing Council of Kenya to enter my name into the Register/Roll of:

- ☐ General Nurses
- ☐ Community Health Nurses
- ☐ Midwives
- ☐ Mental Heath Nurses
- ☐ Paediatric Nurses
- ☐ Anesthetic Nurses
- ☐ Ophthalmology Nurses
- ☐ Intensive Care Nurses
- ☐ Other specify …….....

SECTION D: DECLARATION

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……