

APPLICATION FORM TO NCI-K

THE NATIONAL CANCER INSTITUTE OF KENYA CANCER MANAGEMENT CENTRE CERTIFICATION APPLICATION FORM

Applicant details			
Please type or print in capital letters			
Cancer Management Centre name			
Physical address			
Mailing address			
Service Centre type (Tick as appropriate)	Basic Cancer Treatment Centre		
	Comprehensive Cancer Centre		
Hospital/Institute head Name			
Mailing address			
Contacts	Tel.	E-mail	
Department head/Cancer Centre Manager Name			
Mailing address			
Contacts	Tel.	E-mail	

Please indicate compliance with each of the 13 items

	Item	Yes	No	N/A
1	Does your cancer centre or oncology department provide the following services:			
	a. Cancer prevention e.g. HPV, Hep B vaccination			
	b. Cancer screening, early detection and treatment of pre-cancerous lesions			
	c. Inpatient wards			
	d. Ambulatory/outpatient			
	e. Basic diagnostic laboratory & pathology			
	f. Basic diagnostic radiology			
	g. Surgical capacity for diagnosis and treatment			
	h. Radiotherapy			
	i. Medical oncology services			
	- Chemotherapy			
	- Targeted therapy			
	- Hormonal therapy			
	- Immunotherapy			
	- Bone marrow transplants			
	j. Palliative care			
	- Pain assessment & management			
	- Psychosocial management			
	- Rehabilitation			
	- Survivorship			
	- End of life care			
	k. Cancer registration			
	l. Comprehensive laboratory & pathology services			
	m. Comprehensive radiology services			

	n. Radiation oncology			
	o. Nuclear medicine			
	p. Oncology training programs			
	q. Cancer research			
	r. Other (specify)			
2.	Does the centre have a mechanism to ensure continuity of care, follow up and survivorship?			
3.	Does the centre provide routine patient assessment of			
	- Physical			
	- Psychological symptoms			
	- Social support			
4.	Does the centre incorporate support of family members/caregivers?			
5.	Does the centre provide emergency care of inadequately relieved physical and psychological symptoms?			
6.	Does the centre have mechanisms for linkage to home based care, hospices and coordination of cancer care with primary care providers?			
7.	Is the centre involved in oncology-related capacity building of healthcare providers?			
	NB: Attach relevant documents with the application form			
	▪ Clinical service license facility form from KMPDB			
	▪ Certified academic qualifications of staff at the centre			
	▪ Professional practice registration forms			
	▪ Retention certificates			
	▪ Design plans for the centre			
	▪ Waste disposal plan			
	▪ Evidence of compliance with relevant regulatory bodies			

Name of Applicant: _____

Designation : _____

Signature: _____

Date : _____

Send to	Send via E-mail to
National Cancer Institute-Kenya Ministry of Health, Cathedral Road, Upper Hill, P.O. Box 30016-00100, Nairobi	ncikenya@gmail.com

FOR OFFICIAL USE ONLY

Received by: Name: _____

Signature : _____

Date: _____