	APPLICATION FORM FOR VERIFICATION FOR EMIGRATION		DOCUMENT CONTROL
	Owner	Manager, Registration & Licensing	Serial: NCK/RL/L/F/001 Revision No. 01 Revision Date: 31 Jan 2022

NURSING COUNCIL OF KENYA

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Promoting quality nursing education and practice in Kenya

NCK Plaza, Kabarnet Road off Ngong Road - Nairobi

P.O Box 20056-00200,

Nairobi, Kenya.

Tel: 0207854669, 0207854665,

Email – info@nckkenya.org

PART A: FOR OFFICIAL

1. Requirements

PRACTICE LICENCE NO.

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- Present original professional certificates OR copies certified by commissioner for oaths
- Copies NCK Professional certificates
- Copy of National identity card or passport
- **For NMC & NNAS please attach Recommendation letter from your employer or immediate supervisor, medical report, and certificate of good conduct.**
- **For NMC include Curriculum Vitae and NEA registration**

2. Application and processing fee

- Verification for each programme – **Ksh. 5000**
- Application/Processing – **Ksh. 7000**

3. Payment Details: (Attach Receipt copy)

Date Application Received	Name of Verifying Officer	Date Verified	Name and Signature of Verifying Officer	Date Dispatched

Generate an Invoice from your online service portal (**OSP**) account and pay online

Name

Surname

First Name


Middle name

Other names (if not as in your certificates)

(Attach testimonials)

Date of Birth Marital status (Tick): Married () Single () Divorce ()

Widow ()

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Number of dependants if any
 ID No..... Passport No.....Current Postal address
 Permanent postal addressMobile
 Email address.....
 County of origin.....County of residence
 Next of kin (Name).....Relationship
 Next of kin: Home AddressMobile No.....
 Name of training institution.....Type: (Tick) Public () Faith Based () Private ()
 Date of commencement of trainingDate of graduation
 Date of Licensure examination

PART C: EMPLOYMENT STATUS

Employment status (Tick): Employed (), Unemployed (), Retired ()
 If employed: Type of institution (Tick) Public (), Faith based (), Private ()
 Name of institution.....Current position/Title
 For how long have you worked: a) with your current employer?..... (b) As a nurse?


Reason(s) for seeking verification (List).....

In addition to all you have mentioned as reasons for leaving, was there a specific event that triggered your decision to emigrate? Kindly describe the event

.....
 Given the above stated reasons for your intention to emigrate, what do you think can be done to make you change your mind to remain in your organization or in Kenya

Are you planning to return to Kenya? (Circle as appropriate)

- a) Yes
- b) No
- c) Do not know

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Board and address to which the verification is to be sent.

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Signature of applicant.....**Date**

PART D: FOR OFFICIAL USE: REGISTRATION & LICENSING

Verified by officer: 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.....