

CLINICAL OFFICERS COUNCIL

(TRAINING, REGISTRATION AND LICENSING) ACT (CAP. 260)

APPLICATION / RENEWAL OF PROFESSIONAL PRACTICE LICENSE FORM

P.O.Box 19795- K.N.H.Nairobi|Tel:+254725705144|Email: info@clinicalofficersconcil .org|Website.www.clinicalofficerscouncil.org

Location: Blue Violet Building, Suite 203, Kindaruma Road off Ngong Road

The application must be completed in full and be submitted to the Registration and Licensing Department of the clinical Officers Council before expiry of a practicing license (every 2 years) or upon successful completion of Internship.

All payment to the council should be made through the following bank account

Co-operative Bank –Nairobi Business Centre Branch -01102039922700

REQUIRED ATTACHMENTS

1. Copy of Clinical Officers Council Registration Certificate
2. Copy of National Identity Card
3. Two colored passport size photographs
4. Expiring original Practice License and
5. Evidence of having undergone 30points of Continuous Professional Development every year/ CPD Diary

NEW	RENEWAL
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REGISTRATION NUMBER

SECTION A: APPLICANT INFORMATION

First NameMiddle Name(s)..... Surname.....

Other Names if not as in your certificates..... (Attach Testimonials)

Date of Birth...../...../..... ID No.....

Current Postal Address.....Code.....Town.....Mobile No.....

Current Email Address.....

Qualifications (tick as Appropriate)

Bsc. Clinical Medicine

Higher Dip (specify)

Diploma Clinical Medicine..... Others

(specify).....

Current Working Station.....

DECLARATION: Ido hereby declare that the information herein is the truth to the best of my Knowledge

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

OFFICIAL USE ONLY

1. Received By..... Date.....Sign.....

2. Verified By..... Date.....Sign.....

3. Approved By..... Date.....Sign.....