

**THE CLINICAL OFFICERS (TRAINING, REGISTRATION AND LICENCING  
(CAP 260)**

**APPLICATION OF CLINICAL OFFICERS COUNCIL PRE-REGISTRATION EXAM**

SURNAME

(MR./MRS./MISS).....

FIRST NAME..... MIDDLE NAME.....

NATIONALITY..... ID NO/PASSPORT NO.....

DATE OF BIRTH..... TELEPHONE NO.....

NAME OF TRAINING INSTITUTION.....

DATE OF COMMENCEMENT OF TRAINING..... COLLEGE NO.....

DATE OF COMPLETION OF TRAINING.....

QUALIFICATIONS.....

COC INDEX NO.....

PREFERRED EXAMINATION  
CENTRE.....

NUMBER OF ATTEMPTS.....

SIGNATURE OF APPLICANT..... DATE.....

**NB: Attach Photocopies /The Original Certificate should be brought in person during application.**

- **Index card (COC)**
- **Diploma Certificate/Transcript**
- **K.C.S.E certificate.**
- **Final qualifying Exam Result Slip.**