



Form COC 2

(Rule 3 (1))

**THE CLINICAL OFFICERS
(TRAINING, REGISTRATION AND LICENSING) ACT (No. 20 of 2017)**

APPLICATION FOR REGISTRATION AS A CLINICAL OFFICER

1. Name.....ID No.
(IN FULL-BLOCK LETTERS)
2. Nationality.....Place and Date of Birth.....
Gender.....
3. Permanent Address.....Tel No.....
Place of work AddressTel No.....
E-mail Address
4. Degree, Diploma, or Licence held (give name of the Training Institution and date of qualification.....
.....
.....
5. Particulars of experience (e.g. length of service in the public institution, post held, type of practice in which engaged, other country where applicant has practiced) dates must be clearly stated –
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.....
6. Registration number and date place of original registration.
(Where applicable).....
.....
7. Testimonials from your* Immediate Supervisor/Employer/Head of Faculty (Training Institution) covering the period of experience should be attached.....
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.....
8. Signature of applicant.....Date.....

N.B. - Photocopies of Certificate/Testimonial should be attached to this application. The Original Certificate should be brought in person during the Registration.

*Delete where not applicable

Note:

Any person who gives false information in this form commits an offence and is liable to a fine not exceeding 50,000 thousand shillings.

OFFICIAL USE ONLY

1. Received By.....Date.....Sign.....
2. Verified By.....Date.....Sign.....
3. Approved By.....Date.....Sign.....