THE NURSES ACT
(Cap. 257)

IN EXERCISE of the powers conferred by section 26 of the Nurses Act, the Nursing Council of Kenya, with the approval of the Minister for Medical Services, makes the following Regulations:

THE NURSES (PRIVATE PRACTICE) REGULATIONS, 2013

1. These Regulations may be cited as the Nurses (Private Practice) Regulations, 2013.

2. In these Regulations, unless the context otherwise requires—

"Code of Ethics" means the Code of Professional Conduct for Nurses as may from time to time be issued or specified by the Council;

"Council" has the meaning assigned to it by the Act;

"practising certificate" means a practising certificate issued under section 17(8) of the Act.

3. (1) A person who wishes to engage in private practice as a nurse shall apply to the Council for a practising certificate in accordance with section 17(7) of the Act.

(2) An application for a grant or renewal of practising certificate shall in Form A specified in the Schedule.

(3) An application for a grant or renewal of a practising certificate under paragraph (2) shall be accompanied by—

(a) a non refundable fee of six thousand shillings where the applicant is a citizen;

(b) a non refundable fee of one hundred thousand shillings where the applicant is a non citizen;

(c) a detailed inspection report of where the applicant intends to carry out the practice containing such matters as may be specified by the Council including a description of the premises, its physical address, telephone number, facsimile number and email address;

(d) such other information that the Council may require.

(4) Where the nurse intends to practise under a business name or a limited liability company, the application under this regulation shall be accompanied by a certified copy and search of the business name or certificate of incorporation and other documentation clearly specifying the controlling interest which the applicant has in such a firm or company.
4. (1) Where an applicant fails to submit all documents or information required under these Regulations, the Council shall reject the application and inform the applicant, in writing, of the rejection within twenty one days after the date of receipt of the application.

(2) Where the Council rejects an application due to incomplete or insufficient information, the rejection shall not bar the applicant from re-submitting the application.

(3) The Council shall treat the re-submitted application as a new application.

(4) The Council may authorize the Registrar to act on its behalf for purposes of this regulation.

5. (1) The Council shall, if it is satisfied that the applicant has complied with the requirements under the Act and these Regulations, issue a practising certificate to the applicant in accordance with section 17(8) of the Act within thirty days of the date of receipt of the application.

(2) A practising certificate issued under these Regulations shall be in Form B set out in the Schedule.

6 (1) The Council may specify the terms and conditions under which a practising certificate is issued consistent with the provisions of the Act and these Regulations.

(2) A nurse issued with a practising certificate under these Regulations shall—

(a) only engage in the practice for which the nurse is qualified as specified in the practising certificate;

(b) engage in locum practice or in full time private practice in a clinic or medical centre;

(c) display the practising certificate in a conspicuous place at the premises to which it relates;

(d) at all times observe the standards of ethics set out in the Code of Ethics;

(e) write and display his or her name and qualifications in an unostentatious manner and in accordance with the code of professional conduct applicable to nurses that a nurse shall not use any word to imply that a private clinic or a medical centre is a hospital;

(f) keep in his private clinic adequate stock of essential drugs and maintain an accurate record of all drugs to which the Pharmacy and Poisons Act applies;

(g) immediately notify the Medical Officer of Health in his area of practice any notifiable disease which has been treated at his clinic; and
(h) where death occurs in his clinic, inform the Medical Officer of Health in his area of practice and the Officer Commanding Police Division in that area, without delay.

(3) A practising certificate issued to a non citizen nurse shall be valid for a period of two years or the period for which the purpose of the certificate is issued whichever is the earlier and may be renewed for a further period of one year in accordance with section 17(3) of the Act.

7. A nurse issued with a practising certificate under these Regulations shall notify and seek the approval of the Council for any —

(a) proposed change of the name, contact address or other particulars filed with the Council at least thirty days before effecting such change; and

(b) proposed change in ownership, control or proportion of shareholding of the firm or company, at least thirty days before the change is effected.

8. Notwithstanding that a practising certificate has been issued by the Council under these Regulations, the holder of a practising certificate shall bear the responsibility of obtaining the approvals of other relevant Government agencies that may be required for the provision of the nursing services including for the premises, or maintenance thereof.

9. (1) A practising certificate issued under these Regulations shall be issued in respect of the premises named therein and shall not be displayed in any other premises without the written permission of the Council.

(2) A nurse who fails to display the practising certificate in accordance with paragraph (1) commits professional malpractice.

10. (1) Subject to these Regulations, a nurse to whom a practising certificate has been issued, may employ the services of an assistant who has undergone an approved training in nursing from an approved institution to undertake defined duties under the immediate supervision of the licensed nurse.

(2) Where a nurse to whom a practising certificate has been issued employs an assistant who does not have any medical training, the licensed nurse shall ensure that the assistant does not undertake any form of medical treatment.

11. (1) The Council shall specify the fees to be charged for consultations, visits, treatments and referrals in private clinics managed by a nurse to whom a practising certificate has been issued under these Regulations.
(2) The Council shall investigate and determine complaints relating to fees charged in private clinics by nurses.

12. The Nurses (Private Practice) Regulations, 2009 are revoked.

SCHEDULE

FORM A

APPLICATION FOR PRACTISING CERTIFICATE

The Registrar
Nursing Council of Kenya
P. O. Box 20056-00200,
NAIROBI.

PART I

1. Surname (Mr /Mrs /Miss /Ms/Dr/Prof) .........................................................
   (BLOCK LETTERS)

   Other Names ........................................................................................................
   (BLOCK LETTERS)

2. Postal Address ....................................................................................................

3. Email Address ......................................................................................................

4. Nurse’s Registration Number ......... Date of Registration ..............................
   (Enclose copies of verified certificate)

5. I enclose a cash /cheque for KSh................................. in payment of the
   prescribed practising certificate fee which I understand is not refundable.

6. Work experience

   I certify that, I have experience in the following areas (Please List and
   attach evidence and testimonials) ........................................................................

7. CPD CREDIT HOURS (where applicable)

   I have attended various programmes organized by the Nursing Council
   of Kenya as shown herebelow and acquired the requisite CPD Credit Hours:

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<th>Training Programme</th>
<th>Date of event</th>
<th>CPD hours attained</th>
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8. State the names and addresses of two (2) referees who are able to vouch for your professional ability and general character. Both referees must be registered nurses (in good standing) and with at least 7 years practising experience. Persons named here must not be related to the applicant by birth.

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<th>Name</th>
<th>Reg. No.</th>
<th>Contact Address</th>
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PART II

10. I.................................................................... hereby apply for the grant of a Practising Certificate under the provisions of section 17 (7) of the Nurses Act (Cap. 257). The details of my intended practice are as provided below:

11. Name and Style of practice........................................................................

(Attach certificate of incorporation or firm name)

12. Main Address at which practice will be located:

Physical location........................................................................

Town /District..........................................................................}

EmailAddress.................................................................

Telefax No............................................................................

Email Address.........................................................................
13. Branch Offices (*Where applicable*)
   Physical location................................................Town /County

14. Names and contacts of existing partners, their Registration and
   Practising Certificate numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration No.</th>
<th>Practising Cert. No.</th>
<th>Residential Status</th>
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15. State whether the Practice will be - Full time or Part time

16. Will the firm provide other related professional services apart from
   nursing services? Yes ☐ No ☐ If the answer is yes, list the other
   services planned to be offered..........................................

18. Declaration
   (a) I hereby solemnly declare that the foregoing information is true
       to the best of my knowledge. I acknowledge that any statement
       contained anywhere in this application which is known to me to
       be false shall invalidate this application and any decision
       reached thereon by the Council.

   (b) I further commit to fulfill any requirements set by the Nursing
       Council relating to Professional Standards, Continuous
       Professional Development (CPD), and any other professional
       pronouncements that are in force or may be introduced in the
       future.

   Applicant's signature............................................Date.............................................

FOR OFFICIAL USE ONLY

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<th>Date Acknowledged</th>
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<th>Deferred Min. No</th>
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<th>Gazette Notice No.</th>
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<th>Chairman</th>
<th>Gazette Notice No.</th>
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FORM B

THE NURSES ACT
(Cap. 257)
PRACTISING CERTIFICATE

FOR THE YEAR

Practising Certificate No.

Description of Nursing Services to be offered

This practising certificate is granted to

in respect of premises situate at

This practising certificate is granted subject to the provisions of the Nurses Act (Cap. 257) and such conditions as may be specified by the Council in writing.

This practising expire on

Date of issue

Registrar

Dated the 18th February, 2013.

ELIZABETH OYWER,
Registrar,
Nursing Council of Kenya.