



FORM 1

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL
(Cap 253)
APPLICATION TO CONDUCT MEDICAL/DENTAL CAMP(S)

SECTION 1: DETAILS OF THE APPLICANT

a) Individual Application

Name (as it appears on the National ID/Passport):

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ID Number/Passport No.:..... Nationality:.....

P.O. Box.....Code.....Town.....County.....

Email address.....

Telephone No.:..... Mobile No.:.....

b) Institutional Application

Name of the institution (as it appears on registration certificate/certificate of incorporation)

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Country of Registration.....

P.O. Box.....Code.....Town.....County.....

Physical Location:.....

Email address.....

Telephone No.:.....Mobile No.:.....

SECTION 2: DETAILS OF THE CAMP

Name of Camp Director:

ID Number/Passport No.:..... Nationality:

Duration of the medical camp:

From:To:

Location: County..... Sub-County.....

Further details of the medical camp site (include details of the specific location):

.....

.....

.....

Name of sponsoring entity.....

Country of registration of sponsoring entity.....

Estimated no. of patients to be seen.....

Services to be offered during the camp:

- (i)
- (ii)
- (iii).....
- (iv)
- (v)

SECTION 3: REQUIREMENTS

Attach the following documents, to this application form, in the prescribed order:

1. Copies of up-to-date licenses of **ALL** medical/dental practitioners involved in the camp;
2. Copies of up-to-date licenses of **ALL** other health personnel involved in the camp;
3. List of **ALL** non-medical/dental personnel involved in the camp;
4. Letter of authorization from the County Government or relevant Authority;
5. List of **ALL** Medical Equipment;
6. Referral Policy;
7. Waste management and disposal policy; and
8. Medical Indemnity Cover.
9. Proof of payment of the application fees and credentialing fees:
 - a) Application fees KSh. 5,000.00
 - b) Credentialing fees as per the following categories:
 - (i) Category A - KSh.100,000.00
 - (ii) Category B - KSh.50,000.00
 - (iii) Category C - KSh.20,000.00
 - (iv) Category D - KSh.10,000.00
 - (v) Category E - Free

SECTION 4: DECLARATION

I solemnly declare that:

1. The information given above is true to the best of my knowledge and belief.
2. The Medical/Dental camp is **NOT FOR PROFIT**

Signature of Applicant:Date:

FOR OFFICIAL USE:

The process will take a maximum of **two (2) weeks**.

PREPARED:	
Name:.....	Designation.....
Signature.....	Date.....
RECOMMENDED:	
Name:.....	Designation.....
Signature.....	Date.....

APPROVED/NOT APPROVED:	
Name.....
Designation.....
Signature.....