



**REPUBLIC OF KENYA**  
**THE MEDICAL PRACTITIONERS AND DENTISTS ACT**  
**APPLICATION FOR ORAL HEALTH PRACTITIONER PRACTICE LICENSE FOR YEAR 2020**

**GENERAL PRACTICE LICENSE (Dip)(COHO)**

**A. PERSONAL INFORMATION**

Surname: ..... First Name: ..... Other Names..... Reg. No:.....  
 Nationality: ..... I.D Number: ..... Date of Birth (DD/MM/YYYY): .....  
 Gender: Female Male

**Contact Information:**

Postal Address: ..... Code.....Town.....County: .....  
 Mobile No: ..... E-mail: .....

**B. PRACTICING DETAILS (Tick as appropriate)**

- Public Sector (Clinical Practice)
- Public Sector (Non-Clinical Practice)
- Private Sector (Clinical Practice)
- Private Sector (Non-Clinical Practice)
- Non-Governmental Organization (Clinical Practice)
- Non-Governmental Organization (Non-Clinical Practice)

**C. WORKSTATION DETAILS**

Workstation Name: .....  
 Postal Address: P.O. Box ..... Code: .....  
 Physical Address: Block No/Apt. No./Office No.: .....  
 Street Address: .....  
 Town/City:.....  
 County: .....  
 Tel.: .....  
 E-Mail: .....

**Requirements:**

1) Fees: Renewal fee Kshs.8,000.00;

**Payment Method**

**MPESA Paybill No** : 992836;  
**Account No.** : "System Generated Invoice Number"

**\* I am not incapacitated by any reason of any physical or mental health.**

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd	Tel: +254 20-272 8752   +254 20 272 4994   +254 20 271 1478
Address: P.O Box 44839-00100, NAIROBI-Kenya	Mobile : +254 720 771 478   +254 736 771 478
Email: <a href="mailto:osp@kmpdc.go.ke">osp@kmpdc.go.ke</a>	Website: <a href="http://www.kmpdc.go.ke">www.kmpdc.go.ke</a>