



REPUBLIC OF KENYA

FORM IV

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS (NO.20 of 1977)

APPLICATION FOR MEDICAL & DENTAL PRACTITIONERS INTERNSHIP LICENCE

1. SurnameOther Names.....
2. Date of Birth.....Nationality.....I.D/Passport Number.....
3. Address.....Code.....Town.....Mobile No.....
4. Email..... Index No.....
5. K.C.S.E Mean Grade.....Others if not K.C.S.E.....
6. Degree, Diploma or License held (*if degree not in English provide official translation*)
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7. University Admission NO.....Year of Qualification.....
8. Name of Medical/Dental School.....Address.....Code.....
Email.....
9. Name of Internship Training CentreAddress.....code.....
10. Next of Kin (Full Name).....Email Address.....Mobile No.....

Requirements

- a) **Certified Copy of Degree Certificate**
- b) **A copy of signed Hippocratic Oath**
- c) **A copy of the Indexing Certificate from the University**
- d) *Copy of ID/Passport*
- e) *Coloured passport size Photograph*
- f) *Evidence of passing Board Internship Qualifying Exam and letter from Commission for University Education (foreign trained)*
- g) *Must appear in the list submitted by deans of Accredited National Medical/Dental Schools*
- h) *Evidence of having completed Medical/Dental Training in an institution within the EAC that qualifies for reciprocal recognition.*
- i) *Copy of posting letter from the Ministry of Health*
- j) *Log book should be downloaded from www.kmpdc.go.ke/resources_page/publications*
- k) **Internship License fee Kshs.5,000**
*(Payments should be made to Medical Practitioners and Dentists Board **Account No: 1103158643**, KCB Bank, Milimani Branch or **SWIFT CODE: KCBLKENX BANK CODE: 01175**)*

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicant**Date**.....

FOR OFFICIAL USE:

The process takes a maximum of two (2) weeks

<p>PREPARED BY: -</p> <p>Name:.....Designation.....</p> <p>Signature.....Date.....</p> <p>CHECKED BY: -</p> <p>Name:.....Designation.....</p> <p>Signature.....Date.....</p>	<p>APPROVED/NOT APPROVED</p> <p>Name.....</p> <p>Designation.....</p> <p>Signature.....</p> <p>Date.....</p>
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Mobile: +254 720 771 478 | +254 738 504 112
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Email: info@kmpdc.go.ke
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