



REPUBLIC OF KENYA

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

APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION/FOR FOREIGN TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

1. SurnameOther Names
2. Date of Birth.....Nationality.....I.D/Passport Number.....
3. Address.....Code.....Town.....Tel.....
4. Email.....
5. Degree, Diploma or Licence held (*give name of medical school and date qualified – if degree not in English, provide official translation*)
.....

Requirements

- (i) Copy of ID/Passport
- (ii) Coloured pass port size photo
- (iii) Certified copies of professional certificates
- (iv) Curriculum Vitae
- (v) Qualification; Form IV or VI Certificate
- (vi) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans
- (vii) Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)
- (viii) Letter from Commissioner for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained)
- (ix) Application fee Kshs. 5,000.00
- (vii) Examination/Evaluation of qualification papers Kshs.30,000.00
- (x) **All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.**

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

Signature.....Date.....

FOR OFFICIAL USE:

<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>
--	---