



REPUBLIC OF KENYA

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

APPLICATION FOR ORAL HEALTH OFFICER INTERNSHIP LICENCE

1. SurnameOther Names.....
2. Date of Birth.....Nationality.....I.D/Passport Number.....
3. Address.....Code.....Town.....Mobile No.....
4. Email.....
5. K.C.S.E Mean Grade.....Others if not K.C.S.E.....
6. Degree, Diploma or Licence held (*if degree not in English provide official translation*)
.....
7. QualificationYear of Qualification.....
8. Name of Training Institution.....Address.....Code.....
Email.....
9. Name of Internship Training CentreAddress.....code.....

a) Certified Copy of Diploma/Degree Certificate

b) Copy of ID/Passport

c) Coloured passport size Photograph

d) Evidence of passing Board Internship Qualifying Exam and letter from Commission for University Education(*foreign trained*)

e) Must appear in the list submitted by deans of Accredited National Medical/Dental Schools

f) Evidence of having completed Medical/Dental Training in an institution within the EAC that qualifies for reciprocal recognition.

g) Copy of posting letter from the Ministry of Health

h) Internship License fee Kshs.3,000 Dip holders And Kshs.5,000 BSc holders

(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

PREPARED BY: -	APPROVED/NOT APPROVED
Name:.....Designation.....	Name.....
Signature.....Date.....	Designation.....
CHECKED BY: -	Signature.....
Name:.....Designation.....	Date.....
Signature.....Date.....	

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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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