



REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS(No.20 of 1977)
APPLICATION FOR PRE-REGISTRATION EXAMINATION FOR FOREIGN
TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

PHOTO

- 1. Surname ... Other Names ...
2. Date of Birth... Nationality...
3. Address... Code... Town... Tel...
4. Email... Mobile...
5. Degree, Diploma or License held ...
6. Particulars of Experience ...
7. Testimonials ...
8. Have any arrangements been made regarding employment? ...

Requirements

- i. Copy of ID/ Passport;
ii. 2 Coloured passport size photographs;
iii. Original and Certified True copies of undergraduate certificates and academic transcripts;
iv. Qualification: Form IV or VI certificate or its equivalent, equated by the Kenya National Qualifications Authority (KNQA) where applicable
v. Verification from Educational Commission for Foreign Medical Graduates (ECFMG).
vi. Evidence of Registration as a Medical/Dental practitioner;
vii. Evidence of completion of internship;
viii. Certificate of status from Regulatory Authority;
ix. Certified contract of employment from prospective employer.
x. Detailed CV;
xi. Application fee of Kshs. 5,000.
xii. Evaluation fee of Kshs. 50,000.

All payments should be made at any KCB Branch countrywide to Council's account No. 1103158643, Milimani Branch.

NOTE: Original degree certificate, ID and passport must be sighted before application is submitted

Signature of applicant:

Date.....

Table with 2 columns: PREPARED BY: - and APPROVED/ NOT APPROVED. Rows include Name, Designation, Signature, and Date for both applicant and approver.