



REPUBLIC OF KENYA

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

APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN TRAINED MEDICAL/DENTAL STUDENTS (ELECTIVE)

1. Surname Other Names
2. Date of Birth..... Nationality.....
3. Address..... Code..... Town..... Tel.....
4. Email.....
5. Degree, Diploma or Licence held (*provide official translation*)
.....
6. Name of medical/dental school..... Dates qualified.....
7. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*
.....
8. Testimonials Covering the Period(s) of Experience
.....
9. Name of employer:..... Address..... Code.....
Email..... Tel No.....
10. Is this New Application or Renewal? License No.....
11. Next of Kin (Full Names) Email Address..... Telephone Number

Mandatory Requirements

- (i) **Copy of ID/Passport**
- (ii) **Current coloured pass port size photo**
- (iii) **Certified copies of transcripts**
- (iv) **Introduction letter/job offer from the institution offering electives**
- (v) **Copy of current CV**
- (vi) **Licence fee Kshs.20,000.00**

*** NOTE: This License shall not be used for Private Practice**

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

I am not under suspension under the laws of any country for or on account of any negligence or infamous conduct or any professional misconduct or malpractice.

Have not been struck off the list of persons entitled to practice medicine in any country

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.....

The process will take a maximum of two weeks.

FOR OFFICIAL USE

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