



REPUBLIC OF KENYA

FORM XX APPLICATION FOR PROFESSIONAL CERTIFICATE OF STATUS

SECTION A

- 1. Surname ... Other Names ... Reg.No ...
2. Date of Birth ... Nationality ... I.D/Passport Number ...
3. Address ... Code ... Town ... Tel/Mobile ...
4. Email ...
5. Reasons for Certificate of status ...
6. Intended country of stay/study/practice ... Institution ...
7. If certificate is for travel, when are you expected back into the country ...
8. Next of Kin (Full Names) ... Email Address ...
Postal Address ... Telephone Number ...

SECTION B - REFEREE

I Dr./Prof. (Names in full) ...
(Indicate Full Names as they appear in the Register)
Reg. No. ... of P O Box ...
Telephone (Mobile) ... Email ...
Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with the said Dr. ...
Reg. No./Licence No. ...
For the past ... years; and further declare that
During this time he/she: -
(i) Has been engaged in Medical/Dental practice.
(ii) Has conducted himself/herself well socially and in a responsible manner.
(iii) His/Her character and conduct have been ...
(iv) Reasons for certificate of status ...
Date ... Signed ...

SECTION C: REQUIREMENTS

- (i) A recommendation by a registered professional practitioner of good status (in section B above)
(ii) Attach copy of current retention certificate/private practice licence/temporary licence for foreign practitioner
(iii) Evidence that the practitioner is not under any investigation by the Board
(iv) Application fee of Kshs.20,000
(v) All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB

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

Signature of Applicant ... Date ...

FOR OFFICIAL USE

The process takes a maximum of two (2) weeks.

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