REPUBLIC OF KENYA





KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL APPLICATION FOR CHANGE OF INTERNSHIP TRAINING CENTRE

TO BE DULY COMPLETED BY THE STUDENT (Please use block letters)

TO BE DOLL COMPLETE	ED DI THE STODE	of (Flease use block)	ietters)
Surname	First Name	Middle Na	ame
University / Training in	stitution:		
Name of facility initially	balloted:		
Reported to the facility?	Yes		
Date Reported:	Ex	spected Completion of	late:
Rotations Completed sat	tisfactorily: (attach c	opies of log book pages	5)
Internship Centre reques	sted: mary): (<i>Kindly attac</i>	h supporting document	ts)
		. Date:	,
			Date:

FOR OFFICIAL USE

Recommendation by Human Resource and Development Manager:				
Name:	Sign:	Date:		
Recommendation by the Internship P	lacement Committee/Cha	ir:		
Name:	Sign:	Date:		
Recommendation by the Chief Execut	tive Officer:			
Name:	Sign:	Date:		