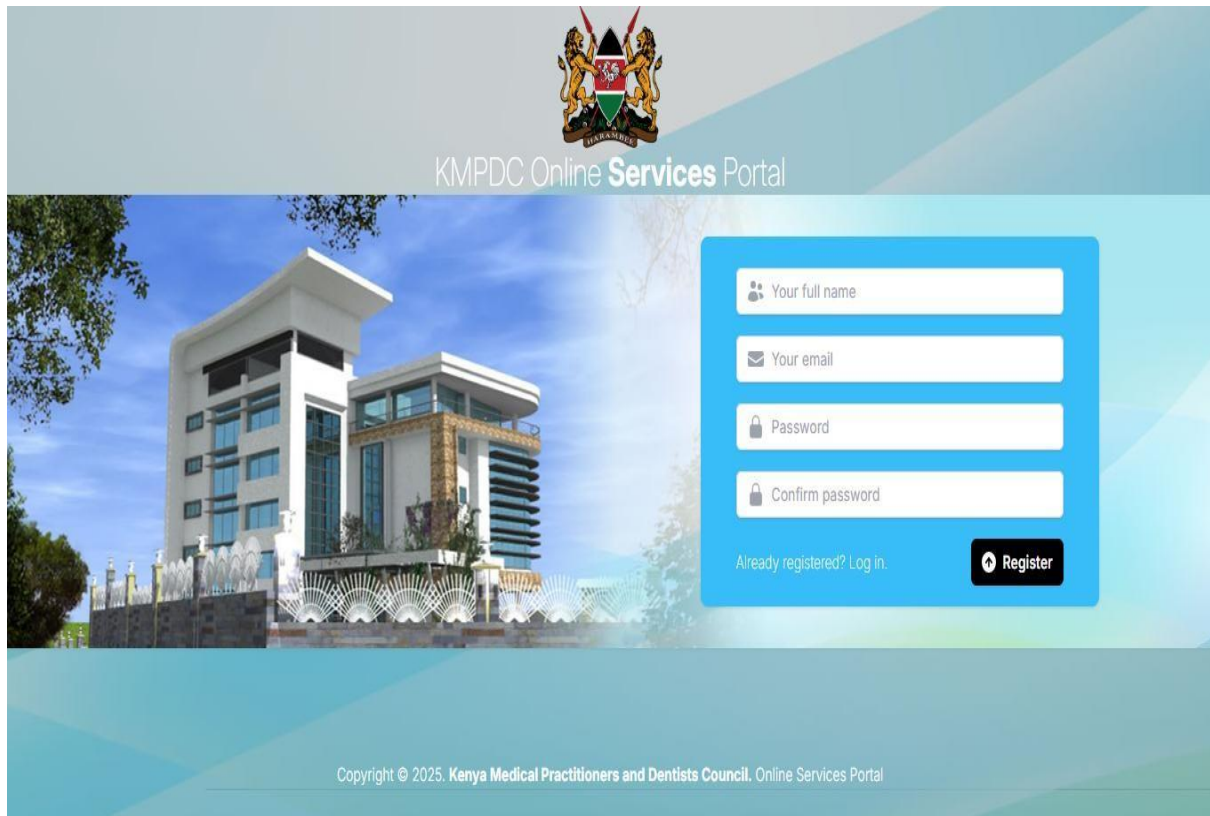


ONLINE REGISTRATION MANUAL

STEP 1: REGISTRATION

Go to the KMPDC portal website in your browser: <https://portal.kmpdc.go.ke>



The screenshot shows the KMPDC Online Services Portal registration interface. At the top, there is the Kenyan coat of arms and the text "KMPDC Online Services Portal". Below this is a large image of a modern building. On the right side, there is a registration form with four input fields: "Your full name", "Your email", "Password", and "Confirm password". Below the form, there is a link "Already registered? Log in." and a "Register" button. At the bottom of the page, there is a copyright notice: "Copyright © 2025. Kenya Medical Practitioners and Dentists Council. Online Services Portal".

- Insert your full name, email & password
- Ensure that there are no spaces before or after your email input
- Make sure that the password & confirm password details are similar
- Create a strong password for security, alphanumeric characters are encouraged
- Ensure that all fields are filled in & all details are correct
- Once done, click on register

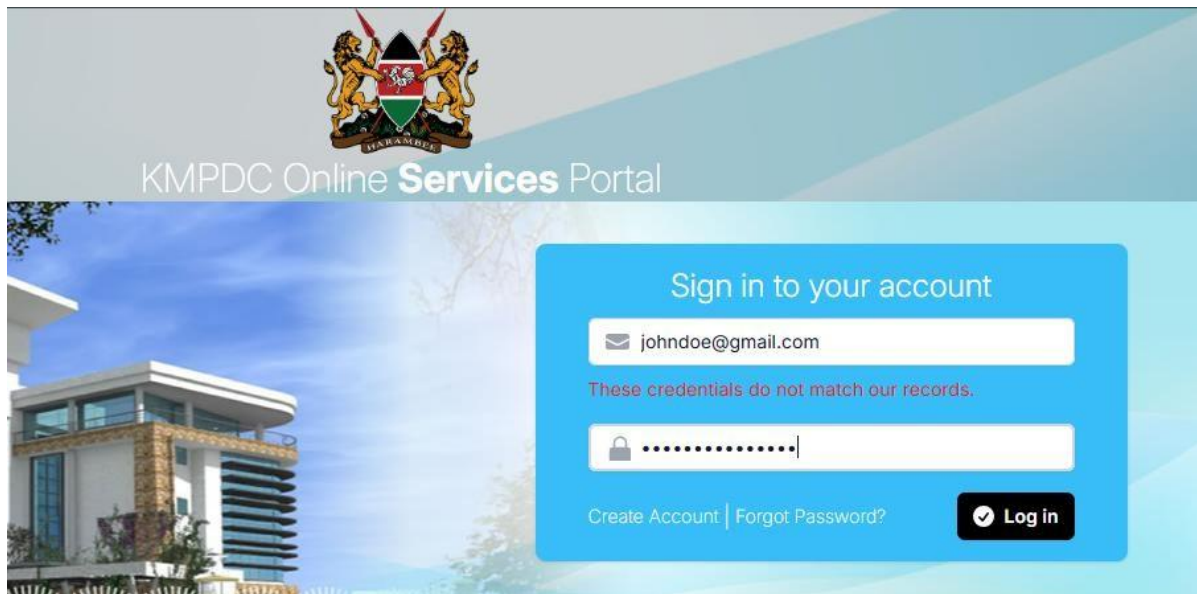
STEP 2: EMAIL VERIFICATION



The screenshot displays the KMPDC Online Services Portal. At the top center is the Kenyan coat of arms, with the motto 'HARAMBEE' below it. Below the coat of arms, the text 'KMPDC Online Services Portal' is visible. The background features a photograph of a modern, multi-story building with a white facade and blue accents. A blue notification box on the right contains the following text: 'Thanks for signing up! Before getting started, could you verify your email address by clicking on the link we just emailed to you? If you didn't receive the email, we will gladly send you another.' Below this text are two buttons: a black button with white text that says 'Resend Verification Email' and a blue link that says 'Log Out'. At the bottom of the page, a copyright notice reads: 'Copyright © 2025. Kenya Medical Practitioners and Dentists Council. Online Services Portal'.

- Click on the Resend Verification Button to verify your email
- Check your email for the message, this may take 5-10 seconds

STEP 3: SIGN IN TO YOUR ACCOUNT



- Once you click on the resend link button you will be directed to the sign in page
- Key in your details & ensure that they are correct to avoid an error
- Once you finish, click the log in button

Step 4: LOG IN AND COMPLETE THE PROFILE CREATION PROCESS


Profile
Update your profile by filling in the information below.

Name

Email

Phone

Service Category
 ! Please fill out this field.

Applicant's Profile Picture


- On clicking the login button, you will be directed to the dashboard
- Ensure that you key in all your details in the correct format
- NOTE: Ensure that the photo is less than 2MB

0123456789

Service Category

Health Facility



Applicant's Profile Picture

Upload a profile picture.



Change

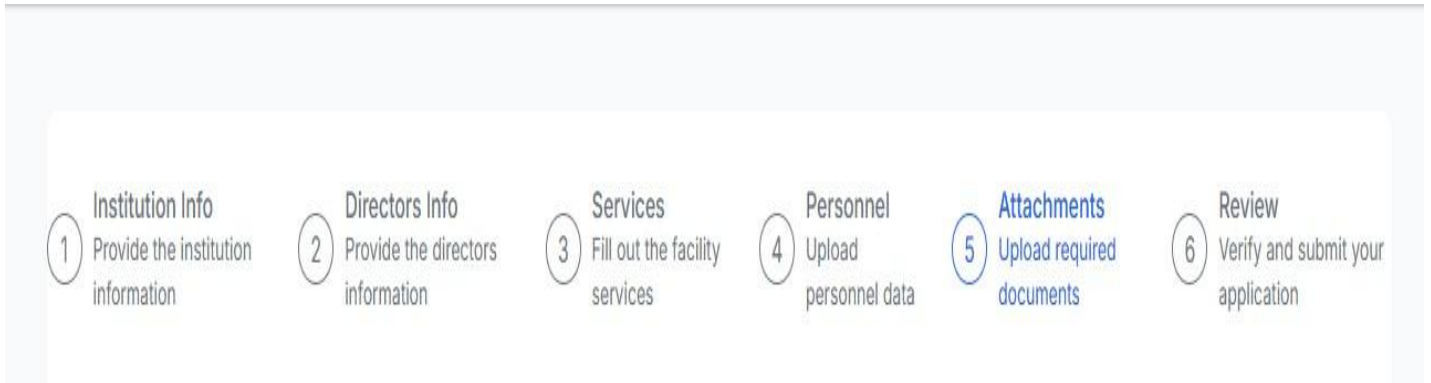
Cancel

Save

- Once you finish click on save & you will have completed the profile creation process.

STEP 5: REGISTRATION OF A NEW FACILITY

Click on the select a service button on the top right corner of your page & select register a new facility



- Ensure you fill in your details & upload the necessary documents for all the steps above

Fill in the institutions details

<input type="text" value="lakewood hospital"/> <small>This field is required</small>		<input type="text" value="Enter MFL Code"/>
Facility Ownership <input type="text" value="Private"/> <small>This field is required</small>	Inpatient Bed Capacity <input type="text" value="24"/> <small>This field is required</small>	
Institution's Permanent Address and Contact Information		
County <input type="text" value="Garissa"/> <small>This field is required</small>	Sub County <input type="text" value="Sub County"/> <small>This field is required</small>	Constituency <input type="text" value="Constituency"/> <small>This field is required</small>
Ward <input type="text" value="Ward"/> <small>This field is required</small>	Email <input type="text" value="Enter email"/> <small>This field is required</small>	Mobile No. <input type="text" value="Enter mobile number"/> <small>This field is required</small>
Postal Address <input type="text" value="Enter postal address"/> <small>This field is required</small>	Postal Code <input type="text" value="Enter postal code"/> <small>This field is required</small>	Town <input type="text" value="Enter town"/> <small>This field is required</small>

- Ensure that all details are correct & all fields are filled in then click next

Fill in the directors information

1 Institution Info Provide the institution information

2 **Directors Info** Provide the directors information

3 Services Fill out the facility services

4 Personnel Upload personnel data

5 Attachments Upload required documents

6 Review Verify and submit your application

Directors' Information

Name	Nationality	ID/Passport No.	Email	ADD
<input type="text" value="Enter Name"/>	<input type="text" value="Select country"/>	<input type="text" value="Enter ID/Passport"/>	<input type="text" value="Enter Email"/>	<input type="button" value="DEL"/>

- Fill in the directors information, you can add as many directors as you want by clicking on the add button or delete using the delete button
- Note : A facility must have at least one director
- Once you finish, click on next

Fill in the facilities services

1 Institution Info Provide the institution information

2 Directors Info Provide the directors information

3 **Services** Fill out the facility services

4 Personnel Upload personnel data

5 Attachments Upload required documents

6 Review Verify and submit your application

Service Availability Form for Health Institution

Note: For a service to be considered available, it must be supported by the availability of the required infrastructure, functional equipment, and adequate skilled personnel. The information provided may be shared with the Social Health Authority, Medical Insurers, and other relevant agencies.

(To be filled by the Health Institution's Head)

Section 1: General Facility Information

Please fill out this short survey and click next.

Area occupied by facility

Have you implemented a quality assurance and improvement policy?

Has the facility carried out Clinical Quality Audits?

Facility has a quality assurance and Improvement committee?

Are you an accredited Continuous Professional Development Provider?

- Fill in all the required details then click on next

Upload the personnel data

1 Institution Info Provide the institution information

2 Directors Info Provide the directors information

3 Services Fill out the facility services

4 Personnel Upload personnel data

5 Attachments Upload required documents

6 Review Verify and submit your application

Clinical Personnel List

[Clear Uploaded Data](#)

Name	Regulatory Body	National ID/Passport Number	Regulatory Registration Number	License Number
John Doe	KMPDC	453267	A9999	1234567

[Previous](#) [Next](#)

- Fill in the personnel data then click on next

Upload the necessary documents

1 Institution Info Provide the institution information

2 Directors Info Provide the directors information

3 Services Fill out the facility services

4 Personnel Upload personnel data

5 Attachments Upload required documents

6 Review Verify and submit your application

Required Documents

Instructions

Please upload all the required documents listed on the right. **Only PDF files are accepted. Maximum file size is 15MB.**

Attachments

Sanitation Inspection Report

[📎](#) Sanitation Inspection Report from the county health management team which must not be older than 6 months [Upload](#)
No file selected

Certified Copy of The Certificate Of Incorporation/Trustee Deed/Letter From County Secretary

[📎](#) The registered name of the health institution must align with the services provided [Upload](#)
No file selected

Certified Copy Of A Valid Cr12

[📎](#) Certified copy of a valid Cr12 issued within the last six months [Upload](#)
No file selected

Certified Copy Of Directors ID/Passports

- Upload the required documents in the required format, then click on next

1 Institution Info Provide the institution information

2 Directors Info Provide the directors information

3 Services Fill out the facility services

4 Personnel Upload personnel data

5 Attachments Upload required documents

6 Review Verify and submit your application

Required Documents

Instructions

Please upload all the required documents listed on the right. **Only PDF files are accepted. Maximum file size is 15MB.**

Attachments

Sanitation Inspection Report

Sanitation Inspection Report from the county health management team which must not be older than 6 months **Upload**

- NOTE: Make sure you follow all the instructions given, for example, as illustrated above on file type & size

KMPDC Invoice

How invoicing works ↗

[Make a Payment](#)

[Overview](#) [History](#)

Balance

Facility Registration - Application Fee for Leopod Medical Services Limited 5; eCitizen convenience fee of KES 50 is included in the total.

Invoice Date	Invoice No	Total ?	Paid ?
May 11, 2025	FA252	KES 1	KES 0

Note: This invoice is valid for 30 days from the issue date. All amounts shown are in KES. It may take a few moments for your transaction to reflect after payment. Please be patient as the system updates your status. If no update occurs within **24 hours**, contact info@kmpdc.go.ke.

Complete Your Payment via eCitizen

Review

- Make the payment for the Registration Fee as per the issued invoice via e-Citizen and generate a receipt.
- Verify your details, click on submit & you will have completed the process