



REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS

APPLICATION FOR PERMANENT REGISTRATION AS A MEDICAL OR DENTAL PRACTITIONER

- 1. SurnameFirst Name.....Other Names.....
2. Date of Birth.....Nationality.....
3. ID No./Passport No.....
4. Address.....Code.....Town.....County.....Cell Phone.....
5. Email.....
6. Degree, Diploma or Licence held.....Dates qualified.....
7. Name of medical/dental school.....Email.....
8. Name of Internship Training Centre.....Email Period
a. of internship from.....to.....
9. Particulars and testimonials covering the period(s) of experience.....
10. Name of employer.....
a. Address.....Code.....Town.....County.....
11. Next Of Kin..... Cell PhoneEmail.....

a) Internship Completion Certificate downloadable from www.kmpdc.go.ke

- i. Copy of ID/Passport
ii. Coloured passport size photo
iii. Original and Certified True copies of undergraduate certificate, academic transcripts and Form IV certificate
iv. Copy of Internship License
v. Evidence of passing Board's pre-registration examination (Foreign Trained Doctors)
vi. Duly filled, stamped and signed Internship completion Assessment Forms.
vii. Registration Fee Kshs.8,000

All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch. SWIFT CODE: KCBLKENX, BANK: KCB, BANK CODE: 01175

NOTE: Original Copy of degree Certificate must be sighted before Application of Permanet registration

I hereby certify that the above information is correct to the best of my knowledge and that I have met the above requirements. Signature of Applicant:.....Date

FOR OFFICIAL USE

The process will take a maximum of two weeks.

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