



REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS

FORM II

(CAP 253)

APPLICATION FOR PERMANENT REGISTRATION AS A COMMUNITY ORAL 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, DiplomaDates qualified.....
7. Name of Training institution.....Email.....
8. Name of Internship Training Centre.....Email..... Period of internship from..... to.....
9. Particulars and testimonials covering the period(s) of experience.....
10. Name of employer..... Address.....Code.....Town.....County.....

- a) Internship Completion Certificate downloadable from www.kmpdc.go.ke
b) Copy of ID/Passport
c) Coloured passport size photo
d) Certified copies of professional & academic certificates
e) Dully filled, stamped and signed Internship completion Assessment Forms.
f) 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 or Diploma Certificate must be sighted before Application of Permant 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 columns.