



REPUBLIC OF KENYA
MEDICAL PRACTITIONERS AND DENTISTS ACT
(Cap.253)

APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALTY
TO BE COMPLETED BY SUPERVISOR

		REMARKS										
	APPLICANT'S NAME: COUNCIL'S REG. NO:											
1	Knowledge											
2	Professional Training											
3	Competence											
4	Proficiency											
5	Conduct with colleagues											
6	Conduct with patients											
7	Personality											
8	Place of practice with applicant											
9	Duration of practice with applicant											
10	Grant Specialist Recognition	<table style="width: 100%;"><tr><td style="text-align: center;">Recommended</td><td style="text-align: center;">NOT Recommended</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td colspan="2">If NO, State Reasons:</td></tr><tr><td colspan="2">_____</td></tr><tr><td colspan="2">_____</td></tr></table>	Recommended	NOT Recommended	<input type="checkbox"/>	<input type="checkbox"/>	If NO, State Reasons:		_____		_____	
Recommended	NOT Recommended											
<input type="checkbox"/>	<input type="checkbox"/>											
If NO, State Reasons:												

SUPERVISOR'S NAME: _____

COUNCIL'S REG. NO: _____ **SIGNATURE:** _____

DATE: _____