



## **REPUBLIC OF KENYA**

## KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL THE MEDICAL PRACTITIONERS AND DENTISTS ACT (CAP 253, SECTION 6)

## (CAP 253, SECTION 6) APPLICATION FOR TEMPORARY REGISTRATION AS A MEDICAL OR DENTAL PRACTITIONER

	First Name	Other Names		
2. Date of Birth		Nationality		
3. Passport Numb	ber			
Address	CodeTown	CountyCell Phor	ne	
i. Email				
. Academic Qua	ulifications:			
LEVEL	University/College	Acquired Qualifications	Date	
Basic				
Secondary				
Tertiary				
Name of Intern	nship Training Centre	Email		
Period of intern	nship from	to		
Nameofemployer			(Attach	
Evidence)				
Address	Code	TownCounty		
Next of Kin (F	-ull Names)	Email AddressTele	phone Numbe	
b) Identification ( c) Coloured pass, d) Certified copie e) Evidence of pa f) Dully filled, sta	(Passport) sport size photo es of professional & academic certific assing Council's pre-registration exan	etion Assessment Forms if applicable country of origin		
h) Certificate of s i) ECFMG Certific j) Registration Fo All payments should <b>Milimani Branch.</b>	ication Tee Kshs.20,000 Id be made at any KCB Branch cour In SWIFT CODE: KCBLKENX, BANK	ntrywide to Council's account No. 1103158643 K: KCB, BANK CODE: 01175	,	
h) Certificate of s i) ECFMG Certific j) Registration For All payments should Milimani Branch.  I hereby certify that the	ication fee Kshs.20,000 Id be made at any KCB Branch cour In SWIFT CODE: KCBLKENX, BANK The above information is correct to the	ntrywide to Council's account No. <b>110315864</b> 3	above requirements . Signature	
h) Certificate of s i) ECFMG Certific j) Registration Fe All payments should Milimani Branch.  I hereby certify that the f Applicant:	cation  Tee Kshs.20,000  If be made at any KCB Branch court  SWIFT CODE: KCBLKENX, BANK  The above information is correct to the	ntrywide to Council's account No. 1103158643 K: KCB, BANK CODE: 01175 best of my knowledge and that I have met the	above requirements . Signature	
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