



KMPDC
Enhancing Quality Healthcare

FORM – IX

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APPLICATION FOR SPECIALIST ASSESSMENT EXAMINATION

PURSUANT TO THE MEDICAL PRACTITIONERS AND DENTISTS ACT (CAP 253 – LAWS OF KENYA)

PASSPORT PHOTO

A. DETAILS OF THE APPLICANT			
SURNAME			
OTHER NAME			
DATE OF BIRTH			
NATIONALITY			
PASSPORT NUMBER			
GENDER			
POSTAL ADDRESS			
CODE		TOWN	
COUNTY			
MOBILE NUMBER			
E-MAIL ADDRESS			
DETAILS OF THE NEXT OF KIN			
FULL NAME			
RELATIONSHIP			
MOBILE NUMBER			
E-MAIL ADDRESS			
DISABILITY ASSESSMENT			
DO YOU HAVE ANY DISABILITY?		YES	NO
IF YES, PLEASE SPECIFY (ATTACH EVIDENCE)			

B. ACADEMIC OR PROFESSIONAL QUALIFICATIONS

EDUCATION

LEVEL	INSTITUTION	ACQUIRED QUALIFICATIONS	DATE
BACHELORS' DEGREE			
MASTERS' DEGREE			
PHD OR SUB SPECIALITY			

CONFIRMATION OF REQUIREMENTS

1	CERTIFIED COPY OF PASSPORT	
2	ONE CURRENT COLOURED PASSPORT SIZE PHOTOGRAPH	
3	CERTIFIED COPY OF HIGH SCHOOL CERTIFICATE EQUATED BY THE KENYA NATIONAL QUALIFICATIONS AUTHORITY (KNQA)	
4	COPY OF DEGREE CERTIFICATE AND TRANSCRIPTS CERTIFIED BY THE TRAINING INSTITUTION IF NOT IN ENGLISH PROVIDE OFFICIAL TRANSLATION	
5	CERTIFIED COPY OF CERTIFICATION BY COMMISSION FOR UNIVERSITY EDUCATION ON THE QUALIFICATION	
6	VERIFICATION OF QUALIFICATION BY A BODY RECOGNIZED BY KMPDC	
7	COPY OF REGISTRATION CERTIFICATE AND CURRENT PRACTICE LICENSE FROM COUNTRY OF ORIGIN OR ANY OTHER JURISDICTION CERTIFIED BY THE ISSUING AUTHORITY	
8	PROOF OF PRACTICE LICENSE FROM COUNTRY OF ORIGIN OR ANY OTHER JURISDICTION CERTIFIED BY THE ISSUING AUTHORITY.	
9	ORIGINAL CERTIFICATE OF STATUS ISSUED WITHIN THE LAST SIX MONTHS FROM THE DATE OF APPLICATION	
10	DETAILED CURRICULUM VITAE	
11	SPECIALIST QUALIFICATION TRAINING ATTAINED FROM AN INSTITUTION OUTSIDE KENYA MUST BE AMONG THE RECOGNIZED SPECIALIZATIONS BY KMPDC	
12	EVIDENCE OF PAYMENT OF EXAMINATION FEE OF • FOR KENYANS: KES. 100,000 • FOR FOREIGNERS: KES. 200,000 ALL PAYMENTS SHOULD BE MADE ON E-CITIZEN VIA SYSTEM GENERATED INVOICE NUMBER	

C. DECLARATION BY APPLICANT

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE		DATE	DD	MM	YYYY
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FOR OFFICIAL USE

THE PROCESS WILL TAKE A MAXIMUM OF TWO WEEKS

PREPARED BY

NAME					
DESIGNATION					
SIGNATURE		DATE	DD	MM	YYYY

RECOMMENDED BY

NAME					
DESIGNATION					
SIGNATURE		DATE	DD	MM	YYYY

APPROVED/NOT APPROVED

NAME					
DESIGNATION					
SIGNATURE		DATE	DD	MM	YYYY