



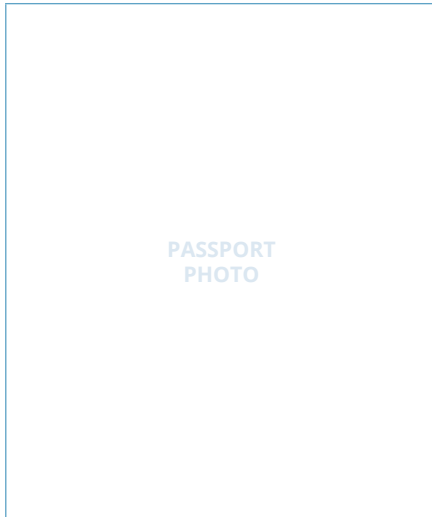
KMPDC
Enhancing Quality Healthcare

FORM – V

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info@kmpdc.go.ke | www.kmpdc.go.ke

**APPLICATION FOR TEMPORARY REGISTRATION
AS A FOREIGN MEDICAL OR DENTAL PRACTITIONER**

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



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			

INTERNSHIP

NAME OF INTERNSHIP TRAINING CENTRE			
E-MAIL ADDRESS			
PERIOD OF INTERNSHIP	FROM		TO

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	EVIDENCE OF PASSING PRE-REGISTRATION OR PEER REVIEW ASSESSMENT	
9	ORIGINAL CERTIFICATE OF STATUS ISSUED WITHIN THE LAST SIX MONTHS FROM THE DATE OF APPLICATION	
10	DETAILED OFFER OF EMPLOYMENT FROM A REGISTERED HEALTH INSTITUTION IN KENYA	
11	EVIDENCE OF PAYMENT OF TEMPORARY REGISTRATION FEE OF KSH. 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