REPUBLIC OF KENYA

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

FORM – VII

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APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION

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

PASSPORT PHOTO

A. DETAILS OF THE APPLICANT			
SURNAME			
OTHER NAME(s)			
DATE OF BIRTH			
NATIONALITY			
ID/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 NCPWD CERTIFICATE)		
DO YOU USE ASSISTIVE DEVICES/REQUIRE ASSISTANCE	**YES**	**NO**
IF YES, PLEASE SPECIFY		

B. PROFESSIONAL QUALIFICATIONS

EDUCATION

NAME OF QUALIFICATION ATTAINED	
YEAR OF QUALIFICATION	
NAME OF TRAINING INSTITUTION	
COUNTRY OF TRAINING	

C. EXAMINATION BOOKING

EXAMINATION ATTEMPT	FIRST	SECOND	THIRD
EXAMINATION SITTING	APRIL/MAY	OCTOBER/NOVEMBER	

CONFIRMATION OF REQUIREMENTS

1	CERTIFIED COPY OF ID/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	VERIFICATION OF QUALIFICATIONS BY A BODY RECOGNIZED BY THE COUNCIL	
6	CERTIFICATION FROM COMMISSION FOR UNIVERSITY EDUCATION ON THE QUALIFICATION	
7	PROOF OF PROFICIENCY IN ENGLISH (TOEFL IELTS, CAMBRIDGE ENGLISH OR KCSE)	
8	EVIDENCE OF PAYMENT OF INTERNSHIP QUALIFYING EXAMINATION FEE OF KSH. 35,000 ALL PAYMENTS SHOULD BE MADE ON E-CITIZEN VIA SYSTEM GENERATED INVOICE NUMBER	

CANCELATION OF THE EXAMINATION WILL ONLY BE ALLOWED IN WRITING ONE MONTH BEFORE THE SCHEDULED EXAMINATION DATE AND 75% OF THE EXAMINATION FEE WILL BE CARRIED FORWARD TO THE NEXT DATE

CANCELATION MADE LESS THAN A MONTH TO THE EXAMINATION SHALL RESULT TO 100% FORFEITURE OF THE APPLICATION FEE

KMPDC, AS A CERTIFIED DATA HANDLER, UNDERTAKES TO PROCESS THE INFORMATION PROVIDED HEREIN IN STRICT COMPLIANCE WITH THE PROVISIONS OF THE DATA PROTECTION ACT (CAP. 411C) AND AFFIRMS THAT THE SAID DATA SHALL BE UTILISED SOLELY FOR REGULATORY AND STATUTORY PURPOSES

C. DECLARATION BY APPLICANT

I AM AWARE THAT KMPDC WILL TAKE MEASURES TO VERIFY THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION, INCLUDING SEEKING CONFIRMATION FROM TRAINING INSTITUTIONS, AND REGULATORY AUTHORITIES

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

SIGNATURE		DATE	DD	MM	YYYY

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