REPUBLIC OF KENYA

KMPDC
Enhancing Quality Healthcare

FORM – VIII

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APPLICATION FOR PRE-REGISTRATION 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. ACADEMIC QUALIFICATIONS

EDUCATION

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

INTERNSHIP

NAME OF INTERNSHIP TRAING CENTRE			
START DATE		COMPLETION DATE	

B. ACADEMIC QUALIFICATIONS

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

CONFIRMATION OF REQUIREMENTS

1	CERTIFIED COPY OF PASSPORT	
2	ONE CURRENT COLOURED PASSPORT SIZE PHOTOGRAPH	
3	COPY OF REGISTRATION CERTIFICATE AND CURRENT PRACTICE LICENSE FROM COUNTRY OF ORIGIN OR ANY OTHER JURISDICTION CERTIFIED BY THE ISSUING AUTHORITY.	
4	CERTIFICATE OF STATUS/ PROFESSIONAL GOOD STANDING (BY PROFESSIONAL REGULATORY AUTHORITY)	
5	PROOF OF COMPLETION OF INTERNSHIP	
6	COPY OF DEGREE CERTIFICATE AND TRANSCRIPTS CERTIFIED BY THE TRAINING INSTITUTION (IF NOT IN ENGLISH PROVIDE OFFICIAL TRANSLATION)	
7	VERIFICATION OF QUALIFICATION BY A BODY RECOGNIZED BY KMPDC	
8	CERTIFICATION FROM COMMISSION FOR UNIVERSITY EDUCATION ON THE QUALIFICATION	
9	KCSE/IGCSE OR ITS EQUIVALENT, EQUATED BY THE KENYA NATIONAL QUALIFICATIONS AUTHORITY (KNQA) WHERE APPLICABLE	

10	PROOF OF PROFICIENCY IN ENGLISH (TOEFL, IELTS OR CAMBRIDGE ENGLISH)	
11	EVIDENCE OF PAYMENT OF PRE-REGISTRATION EXAMINATION FEE OF KES. 55,000 ALL PAYMENTS SHOULD BE MADE ON E-CITIZEN VIA SYSTEM GENERATED INVOICE NUMBER	

NOTE: 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 SCHEDULED EXAMINATION. 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