



KMPDC
Enhancing Quality Healthcare

FORM – IV

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APPLICATION FOR THE AUTHORITY TO PRACTICE AS AN EMERGENCY MEDICAL SERVICES PERSONNEL IN KENYA

PASSPORT
PHOTO

A. DETAILS OF THE APPLICANT

SURNAME			
OTHER NAMES			
DATE OF BIRTH			
NATIONALITY			
NATIONAL ID/ PASSPORT NUMBER			
GENDER			
POSTAL ADDRESS			
CODE		TOWN	
COUNTY			
MOBILE NUMBER			
E-MAIL ADDRESS			

DISABILITY ASSESSMENT

DO YOU HAVE ANY DISABILITY?	YES	NO
IF YES, PLEASE SPECIFY (ATTACH NCPWD CERTIFICATE)		

B. TYPE OF APPLICATION☐ AMBULANCE OPERATOR☐ EMERGENCY MEDICINE TECHNICIAN☐ PARAMEDIC**C. PROFESSIONAL QUALIFICATIONS****EDUCATION**

LEVEL	INSTITUTION	ACQUIRED QUALIFICATIONS	DATE
CERTIFICATE			
DIPLOMA			
BACHELORS' DEGREE			
MASTERS' DEGREE			

PARTICULARS AND TESTIMONIALS COVERING THE PERIOD(S) OF EXPERIENCE *(Attach Evidence)*

NAME OF INSTITUTION	ROLE	POSTING PERIOD

CONFIRMATION OF REQUIREMENTS

1	CERTIFIED COPY OF ID/PASSPORT	
2	ONE CURRENT COLOURED PASSPORT SIZE PHOTOGRAPH	
3	VALID CATEGORY-BCE DRIVING LICENCE FROM THE NATIONAL TRANSPORT SAFETY AUTHORITY	
4	CERTIFIED COPY OF HIGH SCHOOL CERTIFICATE (KCSE OR EQUIVALENT) (CERTIFIED BY THE KENYA NATIONAL QUALIFICATIONS AUTHORITY AND WHERE NECESSARY, TRANSLATED BY THE RESPECTIVE EMBASSY FOR APPLICANTS WHOSE EDUCATION WAS OBTAINED OUTSIDE KENYA)	
5	COPY OF THE CERTIFICATE/DIPLOMA/DEGREE AND TRANSCRIPTS CERTIFIED BY THE TRAINING INSTITUTION. IF NOT IN ENGLISH PROVIDE OFFICIAL TRANSLATION	
6	EVIDENCE OF BASIC LIFE SUPPORT TRAINING FOR AMBULANCE OPERATORS	
7	PROOF OF MEMBERSHIP TO A PROFESSIONAL ASSOCIATION (NOT MANDATORY)	
8	CURRENT POLICE CLEARANCE CERTIFICATE FROM THE DIRECTORATE OF CRIMINAL INVESTIGATION	
9	EVIDENCE OF PAYMENT OF REGISTRATION FEE OF KSH. 8,000	

NOTE: ORIGINAL CERTIFICATE/DIPLOMA/DEGREE DOCUMENT MUST BE PRESENTED FOR VERIFICATION BEFORE PROCESSING OF THIS APPLICATION

D. DECLARATION BY APPLICANT

I AM NOT UNDER SUSPENSION UNDER THE LAWS OF ANY COUNTRY FOR OR ON ACCOUNT OF ANY NEGLIGENCE OR INFAMOUS CONDUCT OR ANY PROFESSIONAL MISCONDUCT OR MALPRACTICE. I HAVE NOT BEEN STRUCK OFF THE LIST OF PERSONS ENTITLED TO PRACTICE AS AN EMERGENCY MEDICAL PERSONNEL IN ANY COUNTRY. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I HAVE MET THE ABOVE REQUIREMENTS. I FURTHER UNDERSTAND LEGAL ACTION CAN BE TAKEN IF INFORMATION I HAVE PROVIDED IS FOUND FALSE.

SIGNATURE

DATE

DD

MM

YYYY

FOR OFFICIAL USE

THE PROCESS WILL TAKE A MAXIMUM OF 21 DAYS

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