



ACKNOWLEDGEMENT RECEIPT

The Chief Executive Officer
Kenya Medical Practitioners and Dentists Council
P.O. Box 44839-00100
NAIROBI
info@kmpdc.go.ke, ceo@kmpdc.go.ke

RE: ACKNOWLEDGEMENT OF RECEIPT OF REGISTRATION CERTIFICATE

Reference is made to your circular in which you have forwarded my registration certificate No. A/B _____, which I have received in good order without any alterations.

From the date of this agreement to its termination, I, the signatory will promptly inform the Council in writing of any condition(s) that would make the satisfaction of my duties as per the sworn and signed oath of practice unlikely or impossible.

Further, if, I, the holder of the certificate become aware of the occurrence after the date of this agreement of any condition(s) that would constitute a breach of its representation, I am obliged to promptly notify the Council in writing.

That, I will at all times comply with all requirements imposed upon me by the Medical Practitioners and Dentists Act Cap 253 Laws of Kenya, codes of professional conduct, discipline and policies of ethics.

The Council has enforceable arrangements to require that the certified person informs KMPDC, without delay, of matters that can affect the capability of the certified person to continue to fulfill the certification requirements.

And that immediately upon the withdrawal of the license, either permanently or temporarily, I will desist from its use without need of notice.

FULL NAMES: _____

P.O. BOX: _____ CODE: _____

ID NO: _____

MOBILE: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____