

## PUBLIC/STAKEHOLDER FEEDBACK FORM

To streamline the licensing, registration, and annual renewal of all licenses, KMPDC has drafted the feedback form that invites all the stakeholders in the medical and dental fraternity plus institutions to comment/give feedback on the core functions of the regulatory body.

Written comments must be submitted in the format prescribed below. Comments may be sent through <a href="mailto:info@kmpdc.go.ke">info@kmpdc.go.ke</a>. The form can be found on the Council's website: <a href="www.kmpdc.go.ke">www.kmpdc.go.ke</a>

The Authority will also hold a stakeholder consultation at a date to be announced later.

Submitted	Name	Designation	Organization	Date	
By:					
Email					
Telephone					
Number					
			,		
No. REGULATION/IMPACT		Γ COMMENT	PROPOS	PROPOSED CHANGED	

STATEMENT COMMENT PROPOSED CHANGED

(Add more rows further comments)

For further inquiries or clarifications, please contact us through:

Tel: +254 727666444 | +254 011052222

Email address: info@kmpdc.go.ke