



# KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

FORM – XX

KMPDC Complex, Woodlands Road, off Lenana Road  
 P.O. Box 44839 – 00100, Nairobi  
 +254 727 666 444 | +254 111 052 222  
 info@kmpdc.go.ke | www.kmpdc.go.ke

## APPLICATION FOR ACCREDITATION AS A CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROVIDER

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

### A. ADMINISTRATIVE INFORMATION

THE APPLICATION FORM MUST BE COMPLETED BY A DULY AUTHORIZED PERSON

#### DETAILS OF THE PROPOSED PROVIDER

NAME OF INSTITUTION			
NAME OF HEAD OF INSTITUTION OR DEPARTMENT			
NAME OF CPD COORDINATOR			
TYPE OF ORGANIZATION			
PHYSICAL ADDRESS			
CITY/TOWN			
COUNTY			
POSTAL ADDRESS			
POSTAL CODE			
PLOT NUMBER		LR NUMBER	
MOBILE NUMBER			
E-MAIL ADDRESS			
WEBSITE			

#### CONTACT PERSONS

NAME	
DESIGNATION	
MOBILE NUMBER	
E-MAIL ADDRESS	
ALTERNATE'S NAME	
ALTERNATE'S MOBILE NUMBER	

## B. REQUIREMENTS

### PROPOSED CALENDAR OF ACTIVITIES FOR THE YEAR

#### PAYMENT CONFIRMATION

#### OFFICIAL STAMP

EVIDENCE OF PAYMENT FOR ACCREDITATION  
AS A CPD PROVIDER KSH. 15,000 (NON-REFUNDABLE)

ALL PAYMENTS SHOULD BE MADE ON E-CITIZEN  
VIA SYSTEM GENERATED INVOICE NUMBER

## C. DECLARATION BY APPLICANT

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

#### PREPARED BY

#### CHECKED BY

NAME

NAME

DESIGNATION

DESIGNATION

SIGNATURE

SIGNATURE

DATE

DATE

REMARKS

REMARKS

#### APPROVED/NOT APPROVED

NAME

DESIGNATION

SIGNATURE

DATE

DD

MM

YYYY