



**KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL**

**REQUEST FOR APPLICATION PROGRAMMING INTERFACE (A.P.I) INTEGRATION**

*This form is to be filled in by the applicant, who is responsible for ensuring integration with the Council's Systems.*

<b>INITIAL API KEY ASSIGNED:</b> _____
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<b>A. DETAILS OF THE APPLICANT</b>				
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Name of the Applicant:				
Type of Service (s) to be offered: (Tick (✓) as appropriate)	<input type="checkbox"/>	Telemedicine;	<input type="checkbox"/>	Robotic medicine;
	<input type="checkbox"/>	E-health;	<input type="checkbox"/>	E-learning;
	<input type="checkbox"/>	M-health;	<input type="checkbox"/>	Artificial intelligence ;
	<input type="checkbox"/>	Insurance Provider;		

<b>Requirements;</b> Attach a cover letter describing the services you intend to offer
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<b>B. DETAILS OF THE ORGANIZATION</b>	
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Name:	
Name of the Application:	
KRA PIN:	
ID/Passport Number:	
Nationality:	
Physical Address:	
County:	
Mobile Number:	
E-Mail Address:	
Website:	

<b>Required documents:</b> 1. Certificate of Incorporation 2. Company or Business Registration Certificate 3. Copy of KRA PIN Certificate 4. Company Profile
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**C. DECLARATION BY THE APPLICANT**

I, Dr./Mr./Ms./Mrs/Prof. \_\_\_\_\_ of ID. No. \_\_\_\_\_ do hereby commit to ensure the Organization shall adhere to the following provisions:

- a) **THAT** the applicant shall only use the data collected only for the purposes applied for;
- b) **THAT** practitioners **SHALL NOT** use collected personal health information for research without ethical approval;
- c) **THAT** the organization shall maintain a record of users of the service(s) provided;
- d) **THAT** provisions of the Health Act shall be adhered to;
- e) **THAT** applicants shall ensure compliance with Ministry of Health policies on telemedicine, eHealth and any other related areas, to address data storage and systems standards, data privacy and security and interoperability of the system among others; and
- f) **THAT** provisions of the Data Protection Act shall be adhered to.

**FURTHER** you hereby declare that the information given above is true to the best of **YOUR** knowledge and belief.

**NOTE:**

**The API Key will be changed every 7 days from the date of approval and SHALL be sent to the email official address indicated below**

Signature:		Date:	
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**FOR OFFICIAL USE:**

**PREPARED BY:**

Name: ..... Designation: .....

Signature: ..... Date: .....

**CHECKED BY**

Name: ..... Designation: .....

Signature: ..... Date: .....

**APPROVED/NOT APPROVED:**

Name: .....

Designation: .....

Signature: .....

Date: .....