



KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

KMPDC Complex, Woodlands Road, off Lenana Road.

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info@kmpdc.go.ke | ceo@kmpdc.go.ke

www.kmpdc.go.ke

Internship queries: internship@kmpdc.go.ke

COMPLETION OF DENTAL INTERNSHIP TRAINING

Full name of intern

National ID no. Internship licence no.

e-mail address

Internship training centre

Internship period from (date month year) to

This is to verify that the above-named person undertook their **Dental Internship Training** programme at this institution with the internship rotations as follows:

	Rotation	Start date DD/MM/YYYY	End date DD/MM/YYYY	Dental Internship Coordinator's remarks
1.	Oral and Maxillofacial Surgery			
2.	Paediatric Dentistry and Orthodontics			
3.	Periodontology			
4.	Prosthodontics and Conservative Dentistry			
5.	Community Dentistry			

As verified by the Medical Superintendent/ Medical Director:

Name:, KMPDC Reg. no.:

Signature: Date:

Hospital stamp:

----- **FOR OFFICIAL USE** -----

Verified by the Directorate of Registration and Licensing

Name: Sign Date:

Deputy Director, Registration OR Deputy Director, Licensing and Accreditation
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