



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 MEDICAL 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 **Medical Internship Training** programme at this institution with the internship rotations as follows:

	Rotation	Start date DD/MM/YYYY	End date DD/MM/YYYY	Medical Internship Coordinator's remarks
1.	Internal Medicine			
2.	Obstetrics and Gynaecology			
3.	Paediatrics and Child Health			
4.	Surgery			
5.	Psychiatry			
6.	Community Health			

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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