REPUBLIC OF KENYA

KMPDC
Enhancing Quality Healthcare

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL
KMPDC Complex, Woodlands Road,
off Lenana Road
P.O. Box 44839 – 00100, Nairobi

MEDICAL ATTESTATION CERTIFICATE APPLICATION USER GUIDE FOR MEDICAL PRACTITIONERS

Overview

The Kenya Medical Practitioners and Dentists Council (KMPDC) has updated the Online Services Portal (OSP) to enable licensed medical practitioners to apply for and issue Medical Attestation Certificates through their personal Online Services Portal accounts.

This guide outlines the requirements and step-by-step process for submitting and processing a Medical Attestation Certificate Application.

1. Requirements of the Doctor

To process a Medical Attestation Certificate Application, the practitioner must:

a) Have access to their personal Online Services Portal (OSP) account
b) Hold a valid Clinical Practising Licence for the current year
c) Be attached to a duly licensed and registered health facility
d) Refer only within their approved scope of practice

2. Requirements of the Applicant

The applicant is required to provide the following:

a) A copy of a valid National ID or Passport
b) A duly completed and signed medical report
c) A recent colour passport-size photograph
d) Medical Certification fee of Ksh 3,000 payable through eCitizen

3. Medical Attestation Certificate Application

Steps:

a) Log into the Online Services Portal (OSP).
b) Select “Medical Attestation Certificate ” from the dashboard.
c) Complete all required medical certification details.
d) Upload all required supporting documents where prompted.

e) Review the information entered to ensure accuracy and completeness.

f) Submit the application.

g) Once an invoice is generated, the applicant should make payment of KSh 3,000 through eCitizen.

h) Upon successful payment confirmation, a receipt will be generated, and the certificate will be processed and made available for download.

i) Download the certificate and issue it to the applicant.

4. Professional and Regulatory Requirements

a) Medical Attestation Certificates shall only be issued following appropriate professional evaluation and assessment of the applicant by the certifying medical practitioner.

b) The certifying medical practitioner is responsible for verifying the accuracy of the information and supporting medical documentation prior to issuance of the certificate

c) The affiliated health facility must be compliant with all KMPDC set Compliance Standards

5. Features of the Medical Attestation Certificate

The Medical Attestation Certificate shall contain the following details:

a) Certificate serial number

b) Date of issue

c) Name of the attesting medical practitioner

d) Registration number of the medical practitioner

e) Licence number

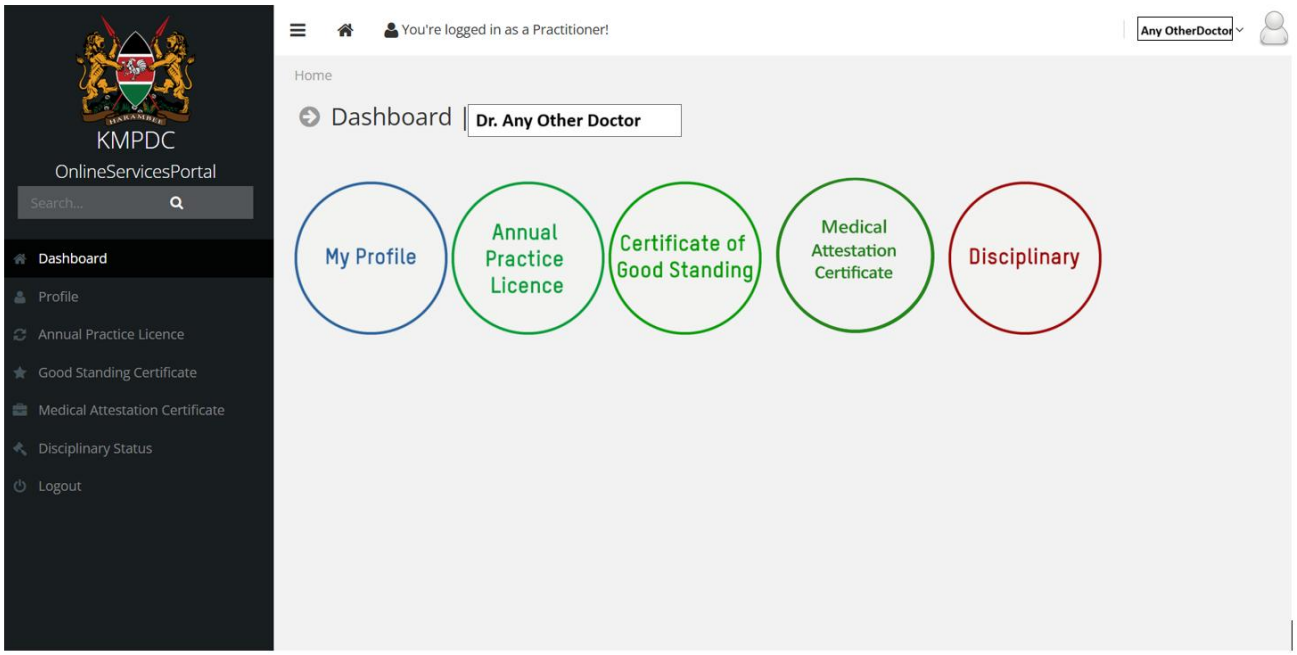
f) Name of the applicant

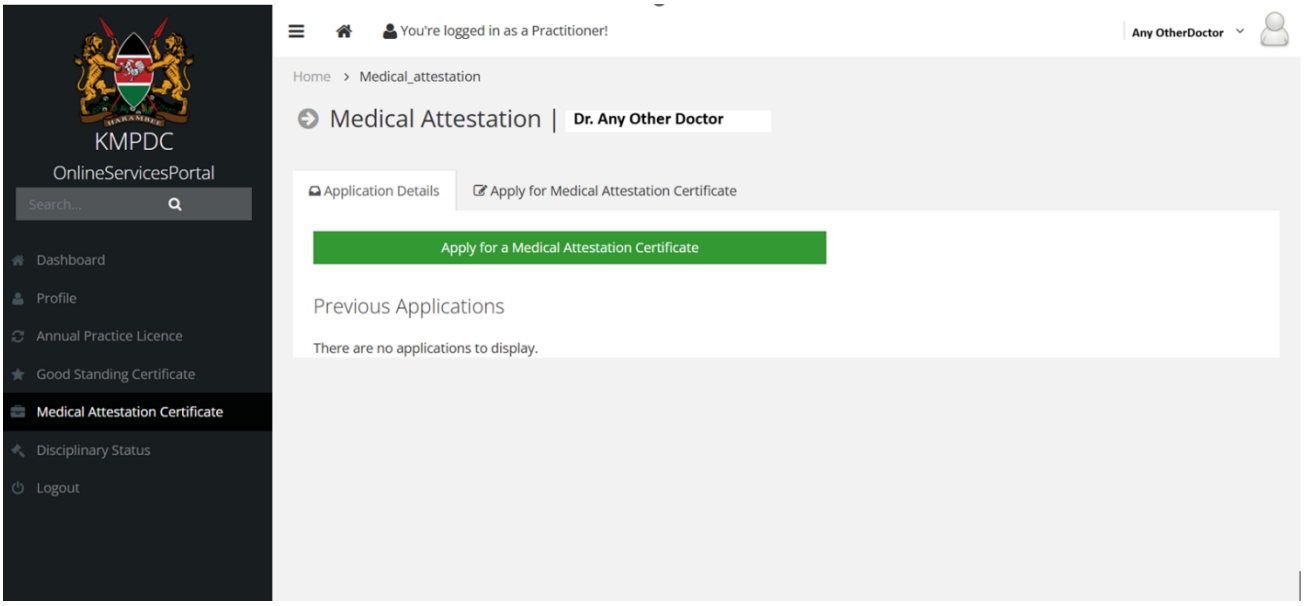
g) National ID or Passport number of the applicant

h) Referring health facility

i) QR code for verification of authenticity

6. See screenshots below





KMPDC
OnlineServicesPortal

Search...

- Dashboard
- Profile
- Annual Practice Licence
- Good Standing Certificate
- Medical Attestation Certificate
- Disciplinary Status
- Logout

You're logged in as a Practitioner!

Any OtherDoctor

Home > Medical_attestation

Medical Attestation | Dr. Any Other Doctor

Application Details | Apply for Medical Attestation Certificate

Application for Medical Attestation Certificate

Application for medical attestation certificate

1. THE APPLICANT'S PERSONAL DETAILS:

First Name
First Name

Surname
Surname

Other Names
Other Names

ID/Passport No
ID/Passport No

Date of Birth
Date of Birth

Gender
Select

Nationality
Select

County
Select

Mobile No
Mobile No

Email
Email

2. ASSESSMENT HEALTH INSTITUTION DETAILS:

Health Insititution Owner
---- SELECT HEALTH INSTITUTION OWNER ----

Health Insititution
Select Facility

Choose facility (start typing to get dropdown) .

3. ASSESSMENT DETAILS:

Reason for Assessment
---- SELECT REASON ----

Medical Assessment Date
Medical Assessment Date

4. REQUIRED DOCUMENTS:

Certified medical report
Choose File No file chosen

Declaration

I hereby declare that the medical report submitted herein was personally prepared and issued by me following an examination of the above-named client, and that the information contained therein is true, accurate, and provided in good faith to the best of my professional knowledge and judgment.

I understand that providing false or misleading information may result in disciplinary or legal consequences under applicable laws and professional regulations. I further acknowledge that the information provided will be used solely for the purpose of assessing the client's eligibility for medical certification and will be handled in accordance with applicable data protection laws and regulations.

☐ I agree to the declaration above.

Submit

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Serial: MC/2026/00*22** **Issue Date: 5th Mar, 2026**

MEDICAL ATTESTATION CERTIFICATE

THIS IS TO CONFIRM THAT

DR. ANY OTHER DOCTOR

is registered with the Kenya Medical Practitioners and Dentists Council under registration number **Axxx** with licence number **GP/20xx/xxx23**.

This attestation is made in respect of **Dr. Any Other Doctor**, having issued **APPLICANT NAME** holder of ID/Passport Number **123456**, with a medical certificate at **REFERRING HEALTH FACILITY**.

This attestation shall not be construed as ownership of the medical report generated by the above-mentioned practitioner. The Council shall therefore not be held liable for acts or omissions arising from the said report.