



REPUBLIC OF KENYA

FORM IV

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS (NO.20 of 1977)

APPLICATION FOR MEDICAL & DENTAL PRACTITIONERS INTERNSHIP LICENCE

1. SurnameOther Names.....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Mobile No.....
4. Email.....
5. K.C.S.E Mean Grade.....Others if not K.C.S.E.....
6. Degree, Diploma or Licence held (*if degree not in English provide official translation*)
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7. University Admission NO.....Year of Qualification.....
8. Name of Medical/Dental School.....Address.....Code.....
Email.....
9. Name of Internship Training CentreAddress.....code.....
Email.....

Requirements

- a) **Certified Copy of Degree Certificate**
- b) **A copy of signed Hippocratic Oath**
- c) *Copy of ID/Passport*
- d) *Coloured passport size photograph*
- e) *Evidence of passing Board Internship Qualifying Exam and letter from Commission for University Education(foreign trained)*
- f) *Must appear in the list submitted by deans of Accredited National Medical/Dental Schools*
- g) *Evidence of having completed Medical/Dental Training in an institution within the EAC that qualifies for reciprocal recognition.*
- h) *Copy of posting letter from the Ministry of Health*
- i) *Log book should be downloaded from www.medicalboard.co.ke/resources_page/publications*
- j) **Internship License fee Kshs.5,000**
(Payments should be made to Medical Practitioners and Dentists Board Account No: 1103158643, KCB Bank, Milimani Branch or SWIFT CODE: KCBLKENX BANK CODE: 01175)

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicantDate.....

FOR OFFICIAL USE:

The process takes a maximum of two (2) weeks

PREPARED BY: - Name:.....Designation..... Signature.....Date..... CHECKED BY: - Name:.....Designation..... Signature.....Date.....	APPROVED/NOT APPROVED Name..... Designation..... Signature..... Date.....
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