



# REPUBLIC OF KENYA

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

### APPLICATION FOR MEDICAL / DENTAL PRACTITIONERS RECIPROCAL REGISTRATION/ RECOGNITION UNDER EAST AFRICA COMMUNITY PROTOCOL

1. Surname .....Other Names .....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Tel.....
4. Email..... Mobile.....
5. Degree, Diploma or License held (*give name of medical school and date qualified – if degree not in English, provide official translation*). (*Certified True Copies must be provided*)  
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6. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*  
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.....
7. Testimonials Covering the Period(s) of Experience  
.....
8. Have any arrangements been made regarding employment? (*if so, give details*).....

#### **Requirements**

- (i) *Must be an East African National*
- (ii) *Copy of Passport/ National ID*
- (iii) *Coloured passport size photo*
- (iv) *Certificate of internship completion*
- (v) *Evidence of Provisional/ Permanent Registration by EAC Partner State Medical Board/ Council*
- (vi) *Certified copies of academic/professional certificates / Academic transcripts*
- (vii) *Upto date Curriculum Vitae*
- (viii) *Certificate of Status (Good Standing)*
- (ix) *Application fee Kshs.5,000.00 (50USD)*
- (x) *Evaluation of qualification papers Kshs.30,000.00 (300USD)*
- (xi) ***All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.***

Signature of applicant .....Date.....

<p><b>PREPARED BY: -</b></p> <p>Name:.....Designation.....</p> <p>Signature.....Date.....</p> <p><b>CHECKED BY: -</b></p> <p>Name:.....Designation.....</p> <p>Signature.....Date.....</p>	<p><b>APPROVED/NOT APPROVED</b></p> <p>Name.....</p> <p>Designation.....</p> <p>Signature.....</p> <p>Date.....</p>
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**Website:** [www.medicalboard.co.ke](http://www.medicalboard.co.ke)