



PHOTO

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

APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION/FOR FOREIGN TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

- 1. SurnameOther Names
2. Date of Birth.....Nationality.....I.D/Passport Number.....
3. Address.....Code.....Town.....Tel.....
4. Email.....
5. Degree, Diploma or Licence held (give name of medical school and date qualified – if degree not in English, provide official translation)

Requirements

- (i) Copy of ID/Passport
(ii) Coloured pass port size photo
(iii) Certified copies of professional certificates
(iv) Curriculum Vitae
(v) Qualification; Form IV or VI Certificate
(vi) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans
(vii) Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)
(viii) Letter from Commissioner for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained)
(ix) Application fee Kshs. 5,000.00
(vii) Examination/Evaluation of qualification papers Kshs.30,000.00
(x) All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

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

Signature.....Date.....

FOR OFFICIAL USE:

Table with 2 columns: PREPARED BY: - and APPROVED/NOT APPROVED. Rows include Name, Designation, Signature, Date for both parties.