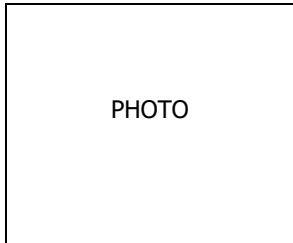


REPUBLIC OF KENYA

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

APPLICATION FOR PRE-REGISTRATION EXAMINATION FOR FOREIGN TRAINED DOCTORS



PHOTO

1. SurnameOther 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*)
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:*)
.....
7. Testimonials Covering the Period(s) of Experience
.....
8. Have any arrangements been made regarding employment? (*if so, give details*).....

Requirements

- (i) Copy of ID/Passport
- (ii) Coloured passport size photo
- (iii) Certified copies of professional certificates
- (iv) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans
- (v) Academic transcripts or Evidence of internship
- (vi) Curriculum Vitae
- (vii) Evidence of completion of internship or Registration from a Medical /Dental Council
- (viii) Certificate of Status (Good Standing)
- (ix) Letter from Commissioner for University Education (CUE) confirming recognition of the medical/dental school
- (x) Qualification; Form IV or VI certificate
- (xi) Educational Commission for Foreign Medical Graduates (ECFMG) Verification Form
- (xii) Application fee Kshs.5,000.00
- (xiii) Examination/ Evaluation of qualification papers - Fees Kshs.50,000.00
- (xiv) **All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.**

Signature of applicantDate.....

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

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd
Tel: +254 20-272 8752 |+254 20 272 4994 |+254 20 271 1478
Mobile: +254 720 771 478 |+254 738 504 112
Address: P.O Box 44839-00100, NAIROBI-Kenya

Email: info@kenyamedicalboard.org

Website: www.medicalboard.co.ke