



# REPUBLIC OF KENYA

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

### APPLICATION FOR PRE-REGISTRATION EXAMINATION FOR FOREIGN TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

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*)  
.....
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 Degree Certificate & other professional certificates
- (iv) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans
- (v) Academic transcripts or Evidence of internship
- (vi) Must be attached at a Ministry of Health Approved Internship Training Centre for a period of 4 months.
- (vii) Curriculum Vitae
- (viii) Evidence of completion of internship or Registration from a Medical Council
- (ix) Certificate of Status (Good Standing)
- (x) Letter from Commission for University Education (CUE) confirming recognition of the medical/dental school (if foreign trained)
- (xi) ECFMG Verification Form
- (xii) Qualification; Form IV or VI certificate
- (xiii) Application fee Kshs.5,000.00
- (xiv) Examination/ Evaluation of qualification papers - Fees Kshs.50,000.00
- (xv) **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>
--	---