REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR PRE-REGISTRATION EXAMINATION

1. Surname .......................................................... Other 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)

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) Certificate Of Status
   (viii) Evidence of completion of internship or Registration from a Medical Council
   (ix) Must be attached at a Ministry of Health approved internship centre for a period of 4 months
   (x) Letter from Commissioner for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained)
   (xi) Qualification; Form IV or VI certificate
   (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 applicant .......................................................... Date..........................

PREPARED BY: -

Name:.................................Designation.................................

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

CHECKED BY: -

Name:.................................Designation.................................

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

APPLICATION FOR PRE-REGISTRATION EXAMINATION

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

APPROVED/NOT APPROVED

Name..........................................................

Designation..........................................................

Signature..........................................................

Date.............................................................