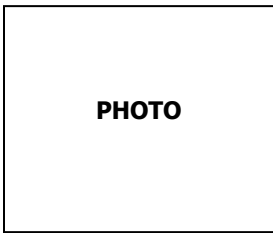




**REPUBLIC OF KENYA**

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

**APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS**



1. Surname ..... Other Names .....
2. Date of Birth..... Nationality.....
3. Address..... Code..... Town..... Tel.....
4. Email.....
5. Degree, Diploma or Licence held (*provide official translation*)  
.....
6. Name of medical/dental school..... Dates qualified.....
7. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*)  
.....
8. Testimonials Covering the Period(s) of Experience  
.....
9. Name of employer:..... Address..... Code.....  
Email..... Tel No.....
10. Is this New Application or Renewal? ..... License No.....

**Mandatory Requirements**

- (i) **Copy of ID/Passport**
- (ii) **Current colored pass port size photo**
- (iii) **Certified copies of professional certificates and transcripts**
- (iv) **Certificate of Status**
- (v) **Introduction letter/job offer from the institution(Specify the period of time the doctor will be practicing in Kenya)**
- (vi) **Copy of registration certificate from respective medical Board/Council**
- (vii) **Copy of current/last practice license**
- (viii) **Copy of current CV**
- (ix) **Educational Commission for Foreign Medical Graduates (ECFMG) Verification Form**
- (x) **Licence fee Kshs.20,000.00**

**\* NOTE: This License shall not be used for Private Practice**

**All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.**

**I am not under suspension under the laws of any country for or on account of any negligence or infamous conduct or any professional misconduct or malpractice.**

**Have not been struck off the list of persons entitled to practice medicine in any country**

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

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

**The process will take a maximum of two weeks.**

**FOR OFFICIAL USE**

<p><b>PREPARED BY: -</b> Name:..... Designation.....  Signature..... Date.....</p> <p><b>CHECKED BY: -</b> Name:..... Designation..... Signature..... Date.....</p>	<p><b>APPROVED/NOT APPROVED</b>  Name.....  Designation.....  Signature..... Date.....</p>
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