



PHOTO

THE MEDICAL PRACTITIONERS AND DENTISTS ACT (NO.20 of 1977) APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS

- 1. SurnameOther Names
2. Date of Birth.....Nationality.....I.D/Passport Number.....
3. Address.....Code.....Town.....Tel.....
4. Email.....
5. Basic degree, Diploma or Licence held (provide official translation)
6. Name of medical/dental school.....Dates qualified.....
7. Type of practice to be engaged in. If specialist, specify discipline and attach copies of certificate(s)
8. Testimonials Covering the Period(s) of Experience
9. Name of employer:.....Address.....Code.....
Email.....Tel No.....
10. Is this New Application or Renewal?Licence No.....

Mandatory Requirements

- (i) Copy of ID/Passport
(ii) Current coloured passport 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 licence
(viii) Copy of current CV
(ix) Educational Commission for Foreign Medical Graduates (ECFMG) Verification Form
(x) License fee Kshs.20,000.00
(xi) 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 met the above requirements.

Signature of applicantDate.....

FOR OFFICIAL USE

The process will take a maximum of two weeks.

Table with 2 columns: PREPARED BY: - and APPROVED/NOT APPROVED. Includes fields for Name, Designation, Signature, and Date for both applicant and official.