



REPUBLIC OF KENYA

APPLICATION FOR CERTIFICATE OF STATUS

SECTION A: PERSONAL DETAILS

- 1. Surname Other Names..... Reg.No.....
2. Date of Birth..... Nationality.....
3. Address..... Code..... Town..... Tel/Mobile.....
4. Email.....
5. Reasons for Certificate of status.....
6. Intended county of stay/study/practice..... Institution.....
Period.....
7. If certificate is for travel, when are you expected back into the country.....

SECTION B: REFEREE

I Dr./Prof. (Names in full).....

(indicate Full Names as they appear in the Register)

Reg. No..... of P O Box

Telephone (Mobile)..... Email.....

Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with the said Dr.....

Reg. No./Licence No.....

For the past..... years; and further declare that

During this time he/she: -

- (i) Has been engaged in Medical/Dental practice.
(ii) Has conducted himself/herself well socially and in a responsible manner.
(iii) His/Her character and conduct have been.....
(iv) Reasons for certificate of status.....

Date..... Signed.....

SECTION C: REQUIREMENTS

- (i) A recommendation by a registered practitioner of good status (in section B above)
(ii) Attach copy of current retention certificate/private practice licence/temporary licence for foreign practitioner
(iii) Evidence that the practitioner is not under any investigation by the Board
(iv) Application fee of Kshs.20,000
(v) All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB

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

Signature of Applicant..... Date

FOR OFFICIAL USE

The process takes a maximum of two (2) weeks.

Table with 2 columns: PREPARED and APPROVED/NOT APPROVED. Rows include Name, Designation, Signature, and Date for both parties.