



# MEDICAL PRACTITIONERS AND DENTISTS BOARD



## APPLICATION FOR ACCREDITATION AS A CPD PROVIDER

### PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

- The application form must be completed by a duly authorized person
- Every application must be accompanied by:-
  - The application fee of **Ksh.15, 000 (non-refundable)**.
  - Calendar of activities
  - Names of two referees.

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

### PART A: ADMINISTRATIVE INFORMATION

|                                    |                 |
|------------------------------------|-----------------|
| <b>1. Particulars of Applicant</b> |                 |
| a) Name of institution:            |                 |
| b) Permanent Address:              |                 |
| c) Physical Address:               |                 |
| d) City/Town:                      | e) County:      |
| f) Postal Address:                 | g) Postal Code: |
| h) Plot No.:                       | i) LR No.:      |
| j) Telephone No:                   | k) Mobile No.:  |
| l) Email:                          | m) Website:     |
| n) Fax:                            |                 |
| <b>2. Name of Contact Person:</b>  |                 |
| Landline No.:                      | Mobile No.:     |
| Email:                             |                 |
| Any other additional information:  |                 |

**PART B: DECLARATION BY APPLICANT**

I, the undersigned confirm that all the information in this form and accompanying documentation is correct and true to the best of my knowledge. I further agree to inform the MPDB, about any changes or modifications made to the information given in the document submitted.

Name of Head of Institution/Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of CPD coordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Official Stamp:

**PART C: FOR MPDB OFFICIAL USE ONLY**

|  |  |
|--|--|
| <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..... Date.....</p> |
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