



**THE MEDICAL PRACTITIONERS AND DENTISTS ACT  
(CAP 253)  
APPLICATION FOR RENEWAL OF INSTITUTIONAL LICENCE FOR  
THE YEAR 2017**



**(All fields are required , cancel where not applicable)  
PART (1)**

**Details of the Facility**

1. Name of the Facility:.....  
 P.O Box ..... Code .....Town .....  
 Tel No. .... Mobile No.....  
 Email address: .....
2. Physical Location of institution:  
 County: .....Sub County.....District: .....  
 Division: ..... Town/ market: .....  
 Building/ Plot No: ..... Street: .....
3. Registration Number: .....Date of Registration:.....
4. Previous License Number: .....
5. Type of institution: .....
6. No. of Beds: .....
7. Availability of ICU. (YES/NO). If Yes, indicate the number of Beds: .....
8. Fees payable: .....
9. Names of medical personnel (Kindly attach full list):  
 Doctor in charge: ..... Reg. No. ....  
 Other doctors: 1. .... Reg. No. ....  
                   2. .... Reg. No. ....  
 Clinical Officers: 1. .... 2.....  
                           3. .... 4.....  
                           5. .... 6.....  
 Nurses: 1. .... 2.....  
               3. .... 4.....  
               5. .... 6.....

Lab. Technicians/ Technologists: 1. ....

2. ....

(f) Pharmacists/ Pharmtechs: 1. ....

2. ....

Others: 1.....

2. ....

9. Applicant's full names: .....

10. Designation: .....

11. **Late payment attracts 50% penalty.**

12. Signature: ..... Date: .....

**All payments should be made at any KCB Branch countrywide to Medical Practitioners and Dentists Board account No. 1103158643, Milimani Branch.**

**PART (2)**

---

**FOR OFFICIAL USE:**

*\*Delete where inapplicable\**

**PREPARED:**

Name.....

Designation.....

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

**RECOMMENDED:**

Name.....

Designation.....

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

**APPROVED/NOT APPROVED**

Name.....

Designation.....

Signature.....

Date.....

---

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd Tel: +254 20-272 8752 | +254 20 272 4994 | +254 20 271 1478

Address: P.O Box 44839-00100, NAIROBI-Kenya Mobile : +254 720 771 478 | +254 738 504 112

Email: [info@kenyamedicalboard.org](mailto:info@kenyamedicalboard.org) Website: [www.medicalboard.co.ke](http://www.medicalboard.co.ke)