



**THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP 253)
APPLICATION FOR RENEWAL OF MEDICAL INSTITUTION LICENCE
FOR THE YEAR 2018**



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

Details of the Facility

1. Name of the Facility:
- P.O Box CodeTown
- 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:

PART (2)

Payment Details

A) Bank

Medical Practitioners and Dentists Board
 Account No: 1103158643
 Branch: KCB Milimani

B) MPESA Paybill No: 992836; Account No - **"Health Facility Reg No"** – Indicate the Transaction Code and the date paid on the form.

C) SWIFT CODE: KCBLKENX

BANK: Kenya Commercial Bank (KCB)
 BANK CODE: 01175

PART (3)

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

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