



PHOTO

FORM IV

REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION
FOR FOREIGN TRAINED DOCTORS

- 1. Surname .....Other Names .....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Tel.....
4. Email.....
5. Degree, Diploma or Licence held (give name of medical school and date qualified – if degree not in English, provide official translation)

Requirements

- (i) Copy of ID/Passport
(ii) Coloured pass port size photo
(iii) Certified copies of professional certificates
(iv) Curriculum Vitae
(v) Qualification; Form IV or VI Certificate
(vi) Must be attached at a Ministry of Health Approved Internship Training Centre for a period of 4 months.
(vii) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans
(viii) Letter from the Dean confirming completion of training
(ix) Letter from Commissioner for University Education (CUE) confirming recognition of the medical/dental school (if foreign trained)
(x) Educational Commission for Foreign Medical Graduates (ECFMG) Verification Form
(xi) Application fee Kshs. 5,000.00
(xii) Examination/Evaluation of qualification papers Kshs.30,000.00

(Payments should be made to Medical Practitioners and Dentists Board Account No: 1103158643, KCB Bank, Milimani Branch or SWIFT CODE: KCBLKENX BANK CODE: 01175)

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

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

FOR OFFICIAL USE:

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