PHOTO

# REPUBLIC OF KENYA

## THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
## (NO.20 of 1977)
## APPLICATION FOR INTERNSHIP QUALIFYING EXAMINATION/FOR FOREIGN TRAINED DOCTORS/EAST AFRICA COMMUNITY RECIPROCAL RECOGNITION

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 training institution approved by the Board for a period of 4 months.*
*(vii) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans*
*(viii)Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)*
*(ix) Letter from Commission for University Education (CUE) confirming recognition of the medical/dental school (if foreign trained)*
*(x) 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:**

| | |
|---|---|
| **PREPARED BY: -** | **APPROVED/NOT APPROVED** |
| Name:……Designation…… | Name…… |
| Signature……Date…… | Designation…… |
| **CHECKED BY: -** | Signature…… |
| Name:……Designation…… | Date…… |
| 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
**Mobile:** +254 720 771 478 |+254 736 771 478
**Address:** P.O Box 44839-00100, NAIROBI-Kenya

**Email**: info@kenyamedicalboard.org

**Website:** www.medicalboard.co.ke