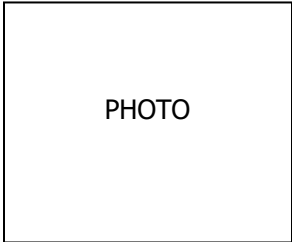


REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS (NO.20 of 1977)

APPLICATION FOR PEER REVIEW



- 1. Surname ... Other Names ...
2. Date of Birth ... Nationality ...
3. Address ... Code ... Town ... Tel/Mobile ...
4. Email ...
5. Degree, Diploma or Licence held ...
6. Particulars of Experience ...
7. Testimonials Covering the Period(s) of Experience ...
8. Have any arrangements been made regarding employment? ...

Requirements

- (i) Copy of ID/Passport
(ii) Coloured pass port size photo
(iii) Certified copies of professional certificates and academic transcripts
(iv) Copy of current CV
(v) Evidence of postgraduate qualifications
(vi) Certificate of Status (Good Standing)
(vii) Certificate of status from current regulatory authority
(viii) Specialist Recognition (if any) from current medical council
(ix) ECFMG Verification Form
(x) All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB

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

Signature of applicant ... Date ...

The process takes a maximum of Thirty (30) days

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