



REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS

(CAP 253)

FORM II

APPLICATION FOR PERMANENT REGISTRATION AS A MEDICAL OR DENTAL PRACTITIONER

- 1. Surname .....First Name.....Other Names.....
2. Date of Birth.....Nationality.....
3. ID No./Passport No.....
4. Address.....Code.....Town.....County.....Cell Phone.....
5. Email.....
6. Degree, Diploma or Licence held.....Dates qualified.....
7. Name of medical/dental school.....Email.....
8. Name of Internship Training Centre.....Email.....
Period of internship from.....to.....
9. Particulars and testimonials covering the period(s) of experience.....
10. Name of employer.....
Address.....Code.....Town.....County.....
Email.....Tel.....

Requirements

- a) Internship Completion Certificate downloadable from www.medicalboard.co.ke
b) Copy of ID/Passport
c) Coloured passport size photo
d) Certified copies of professional & academic certificates
e) Evidence of passing Board's pre-registration examination (foreign trained)
f) Dully filled, stamped and signed Internship completion Assessment Forms.
g) Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)
h) Registration Fee Kshs.8,000

All payments should be made at any KCB Branch countrywide to Board's account No.

1103158643, Milimani Branch. SWIFT CODE: KCBLKENX, BANK: KCB, BANK CODE: 01175

NOTE: Original Copy of degree Certificate must be sighted before collection of full registration Certificate

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

Signature of Applicant:.....Date .....

FOR OFFICIAL USE

The process will take a maximum of two weeks.

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