



REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(NO.20 of 1977)
RENEWAL FORM FOR PRIVATE PRACTICE LICENCE 2017

1. SurnameOther Names.....Reg. No.....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Mobile No.....
4. Email.....
5. Employer.....
6. Name of Authorized premises.....Estate.....Street.....
Town.....County
7. Previous Private Practice License Number.....
8. Notification for any changes of name, address and/or authorized premises
.....
9. Specialist/General practice. If specialized please specify the discipline.....Sub Specialty.....
10. Letter of no objection from employer/Schedule of duties should be provided for Part-time practice.
11. All applications together with payments should be received by **31st Oct 2016**
12. Late payment will attract 50% penalty.

(All fields are mandatory)

Requirements

- (i) Acquire a minimum of 50 CPD points*
- (ii) Copy of previous license*
- (iii) Fee:*

Kenyans

A fee of Shs.15,000 is payable annually for Specialist Practice
A fee of Shs.10,000 is payable annually for General Practice
A fee of Shs.10,000 is payable annually for Part-time Practice

Non-Kenyans

A fee of Shs.40,000 is payable annually for Specialist Practice
A fee of Shs.30,000 is payable annually for General Practice
A fee of Shs.30,000 is payable annually for Part-time Practice

- iv) All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.***

Computer generated and stamped banking slip together with duly filled Renewal form **SHOULD** be submitted within the first week of payment to info@kenyamedicalboard.org or posted to the address below.

I am not incapacitated by any reason of any physical or mental health.

Signature of applicant **Date**.....

I hereby certify that the above information is correct to the best of my knowledge.

FOR OFFICIAL USE:

<p>PREPARED:- Name:.....Designation..... Signature.....Date.....</p> <p>RECOMMENDED:- Name:.....Designation..... Signature.....Date.....</p>	<p>APPROVED/NOT APPROVED Name..... Designation..... Signature..... Date.....</p>
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