



**REPUBLIC OF KENYA  
THE MEDICAL PRACTITIONERS AND DENTISTS ACT  
(NO.20 of 1977)**

**APPLICATION FOR RETENTION IN THE YEAR 2017 REGISTER**

(All fields are mandatory)

**(ALL DOCTORS)**

1. Surname .....Other Names.....Reg.No.....
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Mobile No.....
4. Email.....
5. Name of Employer (tick where appropriate)
  - i.Retired
  - ii.Type of Practice : Administration  .....Clinical:  .....
  - iii.Government. Workstation.....County.....Sub County.....
  - iv.Private.....Estate.....Street.....Town.....County .....
  - v.Registrar.....University of training.....
  - vi.Senior Registrar.....Work Station.....
- 6.Basic Qualifications ..... Postgraduate qualifications.....
- 7.Recognized Specialty .....Sub Specialty.....

**Requirements**

- 1) Acquire a minimum of 50 CPD points in the calendar year (Download, print and attach CPD Diary from [www.icpdkenya.org](http://www.icpdkenya.org))
- 2) Evidence of employment if practitioner is not in private practice
- 3) Coloured Passport size photo after every 2 years
- 4) Renewal fee Kshs.4,000

**All payments should be made:**

**Medical Practitioners and Dentists Board**

**Account No: 1103158643,**

**Bank: KCB, Milimani Branch.**

**SWIFT CODE: KCBLKENX**

**BANK CODE: 01175**

**\*Transactions can be undertaken at any KCB Branch countrywide**

**5) Late payment will attract 50% penalty.**

Computer generated and stamped banking slip together with duly filled retention form should be submitted to the Board within the first week of payment to [info@kenyamedicalboard.org](mailto:info@kenyamedicalboard.org) or posted to Medical Practitioners and Dentists Board Office.

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

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:**

Name:.....Designation.....

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

**RECOMMENDED:**

Name:.....Designation.....

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

**APPROVED/NOT APPROVED**

Name.....

Designation.....

Signature.....

Date.....