



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

APPLICATION FOR RETENTION IN THE YEAR 2018 REGISTER

(All fields are mandatory)

(ALL DOCTORS)

1. SurnameOther 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 SpecialtySub Specialty.....

Requirements

- 1) Acquire a minimum of 50 CPD points in the calendar year
- 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

Payment Methods

1. Bank

Medical Practitioners and Dentists Board
Account No: 1103158643
Branch: KCB Milimani

2. MPESA Paybill No: 992836; Account No - "RegNo-ID NO"- Indicate the Transaction Code and the date paid on the form.

3. SWIFT CODE: KCBLKENX

BANK: Kenya Commercial Bank (KCB)
BANK CODE: 01175

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 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.....