



REPUBLIC OF KENYA

FORM VIII THE MEDICAL PRACTITIONERS AND DENTISTS ACTS APPLICATION FOR RECOGNITION OF SPECIALIST/SUB-SPECIALITY STATUS

- 1. Surname ... Other Names ... Reg.No. ...
2. Date of Birth ... Nationality ... I.D Number ...
3. Address ... Code ... Town ... Cell Phone ...
4. Email ...
5. Employer ...
6. Degree, Diploma or Licence held ...
7. Specialty/sub speciality applied for ...
9. Postgraduate qualifications: medical/dental school ... Date qualified ...
10. Number of years of experience in speciality/sub speciality after obtaining postgraduate qualifications ...
No. of Years/Months ... Name of Institution ... Country ...

Supervisors: (1) Name ... Address ... Code ...
Email : ... Telephone: ...
(2) Name ... Address ... Code ...
Email : ... Telephone: ...

Requirements

- 1. Copy of post graduate qualification and official transcripts
2. Evidence of completion of 2 year full time rotation in a recognized institution for specialist recognition
3. Supportive recommendation from two (2) supervisors in the relevant field
4. For sub-speciality recognition, the applicant should show evidence of training for at least one year
5. Speciality and sub speciality must be in the gazetted list
6. Application fee Kshs.20,000
7. All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.

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

Signature of Applicant ... Date ...

FOR OFFICIAL USE

This process takes a maximum of two (2) weeks.

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