



REPUBLIC OF KENYA

**KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL
THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP 253, SECTION 6)**

FORM II

APPLICATION FOR TEMPORARY REGISTRATION AS A MEDICAL OR DENTAL PRACTITIONER

1. SurnameFirst Name.....Other Names.....
2. Date of Birth.....Nationality.....
3. Passport Number.....
4. Address.....Code.....Town.....County.....Cell Phone.....
5. Email.....
6. Basic Degree/Diploma held.....Dates qualified.....
7. Name of medical/dental school.....Email.....
8. Postgraduate Qualification.....
9. Name of Internship Training Centre.....Email.....
Period of internship from.....to.....
10. ECFMG Certification where Applicable
11. Name of employer.....
Address.....Code.....Town.....County.....
Email.....Tel.....

Requirements

- a) **Internship Completion Certificate downloadable from www.medicalboard.co.ke if applicable.**
- b) Identification (Passport)
- c) Coloured passport size photo
- d) Certified copies of professional & academic certificates (translated by the respective Embassy)
- e) Evidence of passing Council's pre-registration examination, Peer Review Certificate
- f) Dully filled, stamped and signed Internship completion Assessment Forms if applicable
- g) Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)
- h) Certificate of good conduct
- i) Certificate of registration/ Licence to practice from home or any other.
- j) Registration Fee Kshs.20,000

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

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

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.

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