PHOTO

REPUBLIC OF KENYA

MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR MEDICAL / DENTAL PRACTITIONERS RECIPROCAL REGISTRATION/ RECOGNITION UNDER EAST AFRICA COMMUNITY PROTOCOL

1. Surname ……Other Names …….

2. Date of Birth……Nationality……I.D/Passport No……

3. Address……Code……Town……Tel……

4. Email…… Mobile……

5. Degree, Diploma or License held (*give name of medical school and date qualified – if degree not in English, provide official translation). (Certified True Copies must be provided)*
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6. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*

   ……

7. Testimonials Covering the Period(s) of Experience

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8. Have any arrangements been made regarding employment? *(if so, give details)*……

Requirements

(i) *Must be an East African National*
(ii) *Copy of Passport/ National ID*
(iii) *Coloured passport size photo*
(iv) *Certificate of internship completion*
(v) *Evidence of Provisional/ Permanent Registration by EAC Partner State Medical Board/ Council*
(vi) *Certified copies of academic/professional certificates*
(vii) *Up to date Curriculum Vitae*
(viii) *Certificate of Status (Good Standing)*
(ix) *Application fee Kshs.5,000.00 (50USD)*
(x) *Evaluation fee Kshs.30,000.00 (300USD)*
(xi) ***All payments should be made at any KCB Branch countrywide to Council's account No. 1103158643, Milimani Branch.***

Signature of applicant ……Date……

PREPARED BY: -	**APPROVED/NOT APPROVED**
Name:……Designation……	Name……
Signature……..Date……	Designation……
CHECKED BY: -	Signature……
Name:……Designation……	Date……
Signature……..Date……	

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