THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP 253)
APPLICATION FOR RENEWAL OF INSTITUTIONAL LICENCE FOR THE YEAR 2014

PART (1) (*All fields are required , cancel where not applicable*)
Full names and contacts of the institution

1. Names:.....

   P.O Box ..... Code .....Town .....

   Tel No. ..... Mobile No.....

   Email address: .....

2. Physical Location of institution:

   County: ..... District: .....

   Division: ..... Town/ market: .....

   Building/ Plot No: ..... Street: .....

3. Registration Number: .....Date of Registration:.....

4. Previous Licence Number: .....

5. Type of institution: .....

6. No. of Beds: .....

7. Fees payable: .....

8. Names of medical personnel (Kindly attach full list):

   Doctor in charge: ..... Reg. No. .....

   Other doctors: 1. ..... Reg. No. .....

   2. ..... Reg. No. .....

   Clinical Officers: 1. ..... 2. .....

   3. ..... 4. .....

   5. ..... 6. .....

   Nurses: 1. ..... 2. .....

   3. ..... 4. .....

   5. ..... 6. .....

Lab. Technicians/ Technologists: 1. .....

2. .....

(f) Pharmacists/ Pharmtechs: 1. .....

2. .....

Others: 1.....

2. .....

9. Applicant's full names: .....

10. Designation: .....

11. Signature: ..... Date: .....

All payments should be made at any KCB Branch countrywide to Medical Practitioners and Dentists Board account No. 1103158643, Milimani Branch.

PART (2)

FOR OFFICIAL USE:

A. Application **recommended/ not recommended** *(If not recommended, give reasons)*
.....

Name: .....Date: ..... Sign: .....

B. The renewal is **approved/ not approved** *(If not approved give reasons)*

.....

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

Sign: ..... Date: .....

Delete where inapplicable

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd
Address: P.O Box 44839-00100, NAIROBI-Kenya
Email: *renewals.institutions@kenyamedicalboard.org* , *ceo@kenyamedicalboard.org*
Tel: +254 20-272 8752 |+254 20 272 4994 |+254 20 271 1478
Mobile : +254 720 771 478 |+254 736 771 478
Website: *www.medicalboard.co.ke*