KMPDB Online Services Portal Procedure Manual

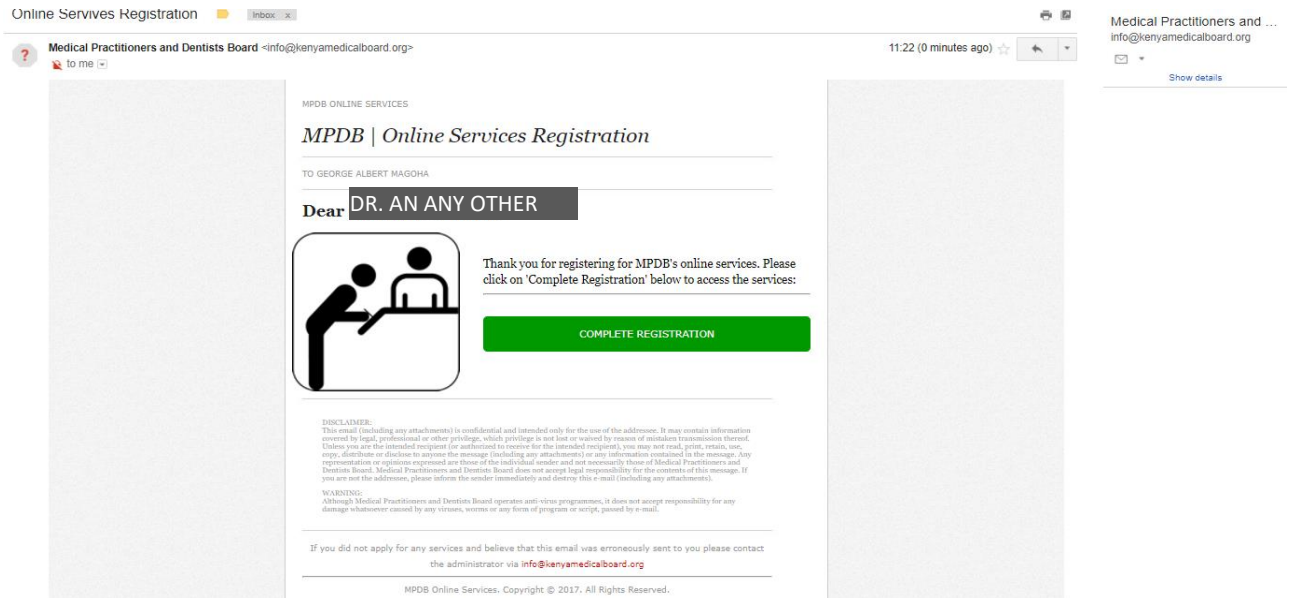
Portal Address osp.medicalboard.co.ke

Follow the steps below to access the Online Services

1



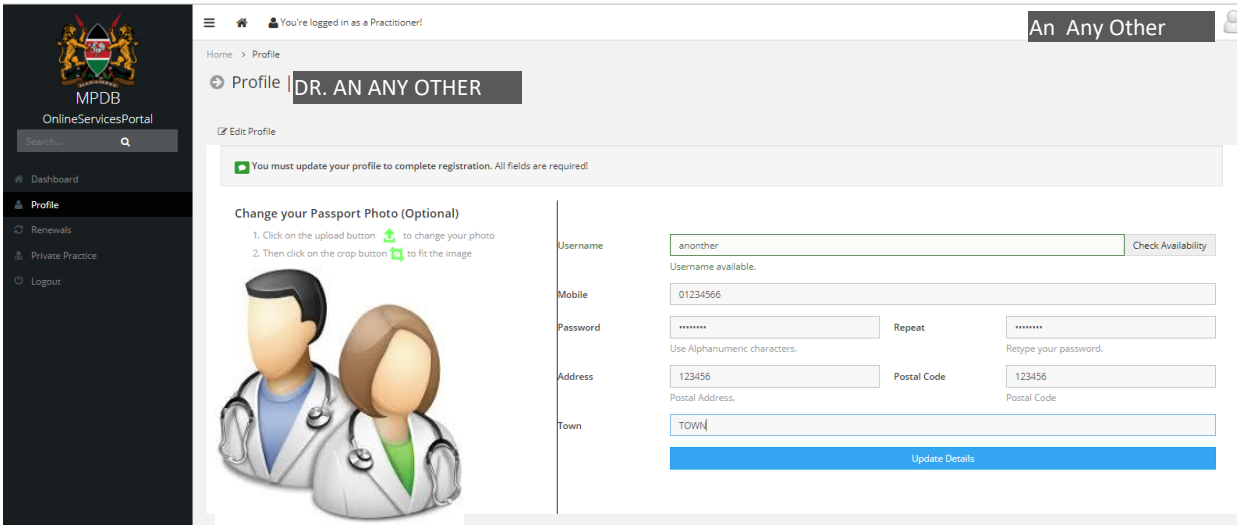
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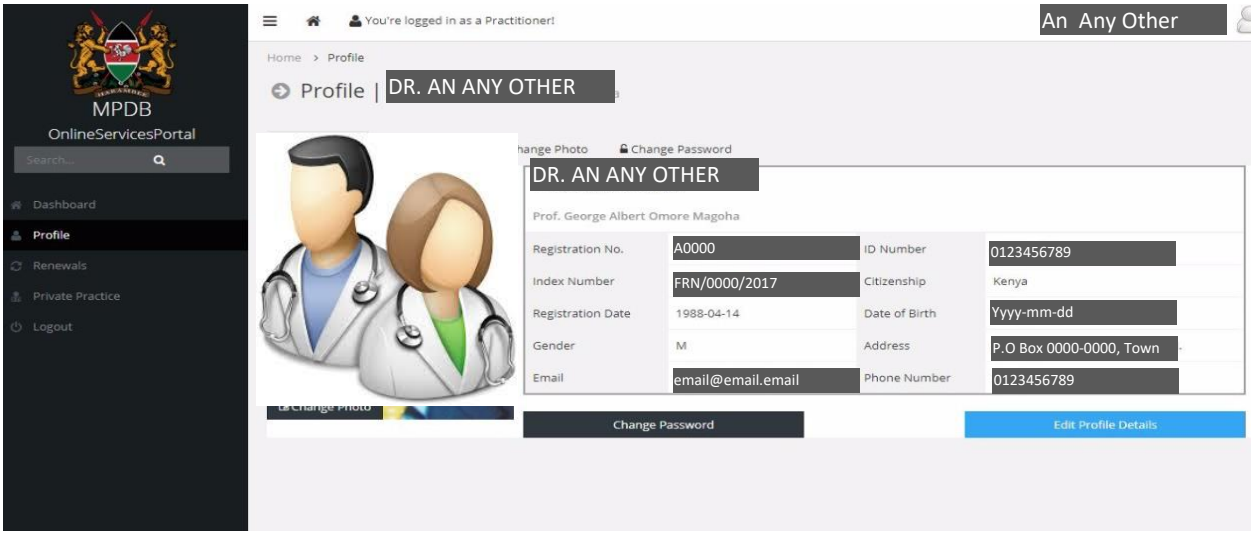
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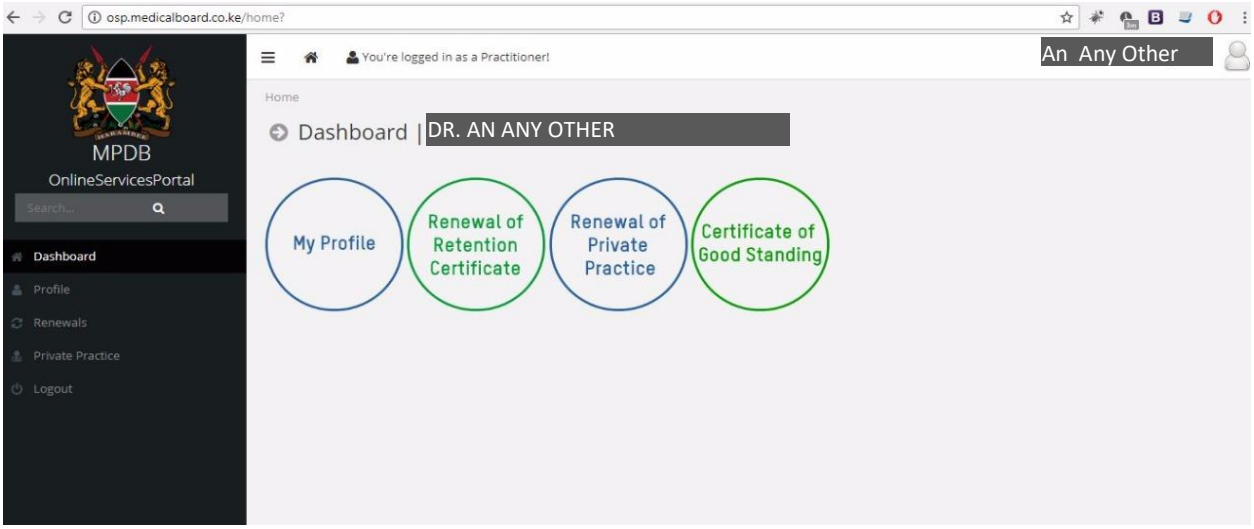
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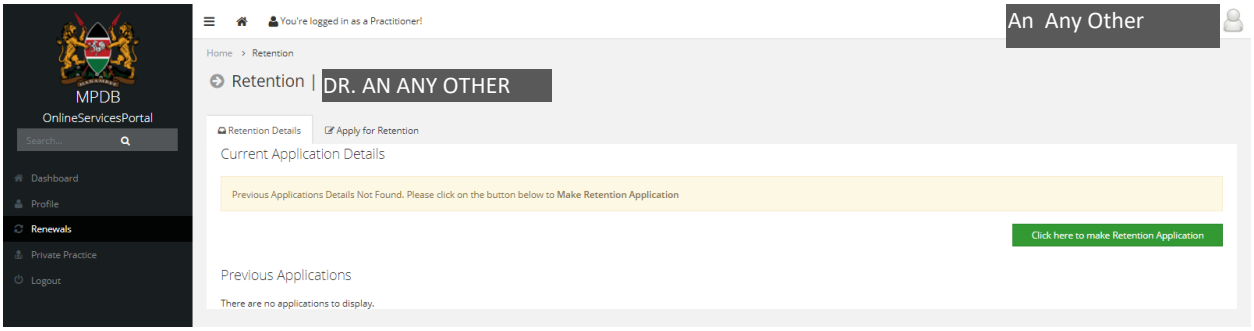
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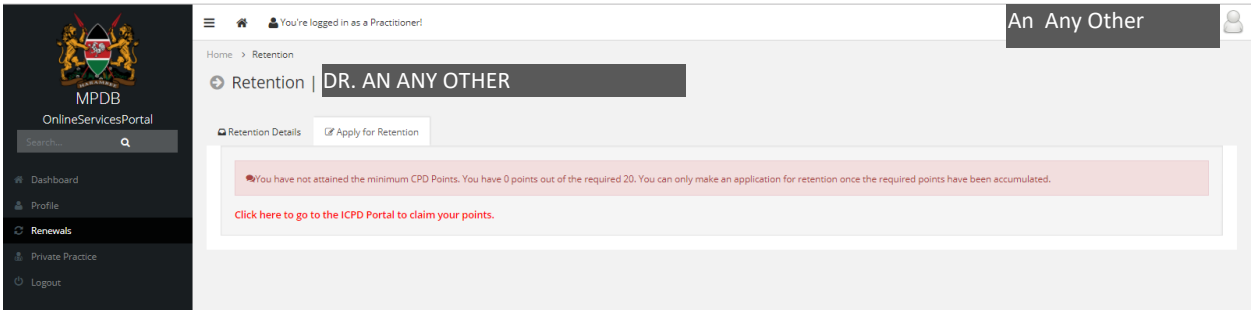
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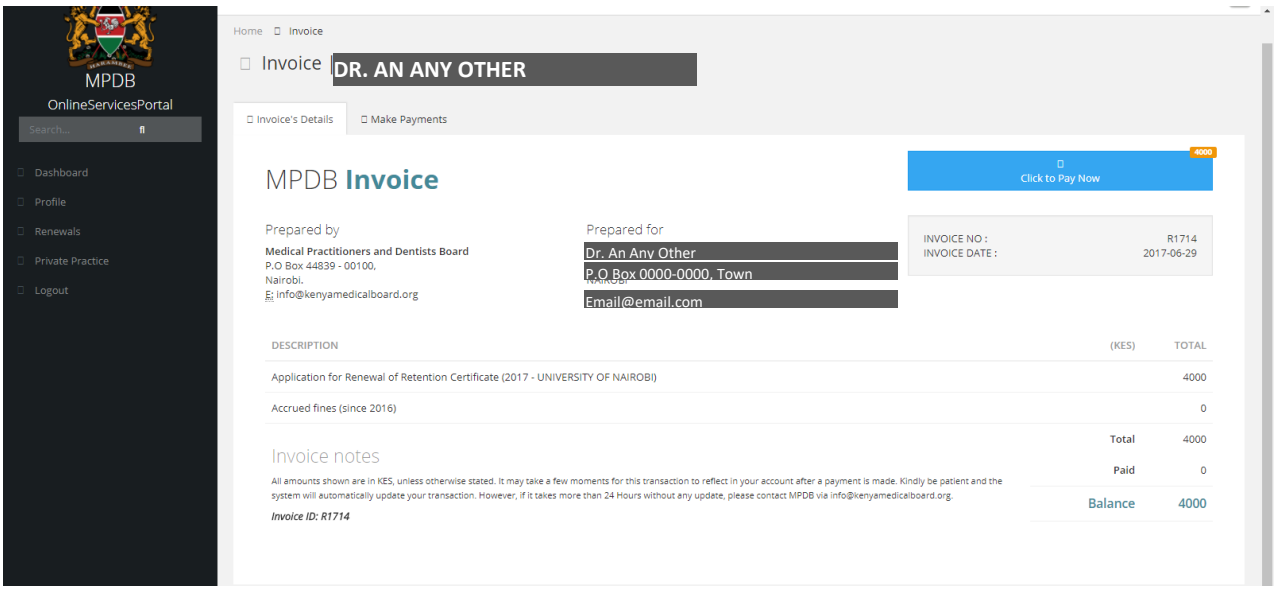
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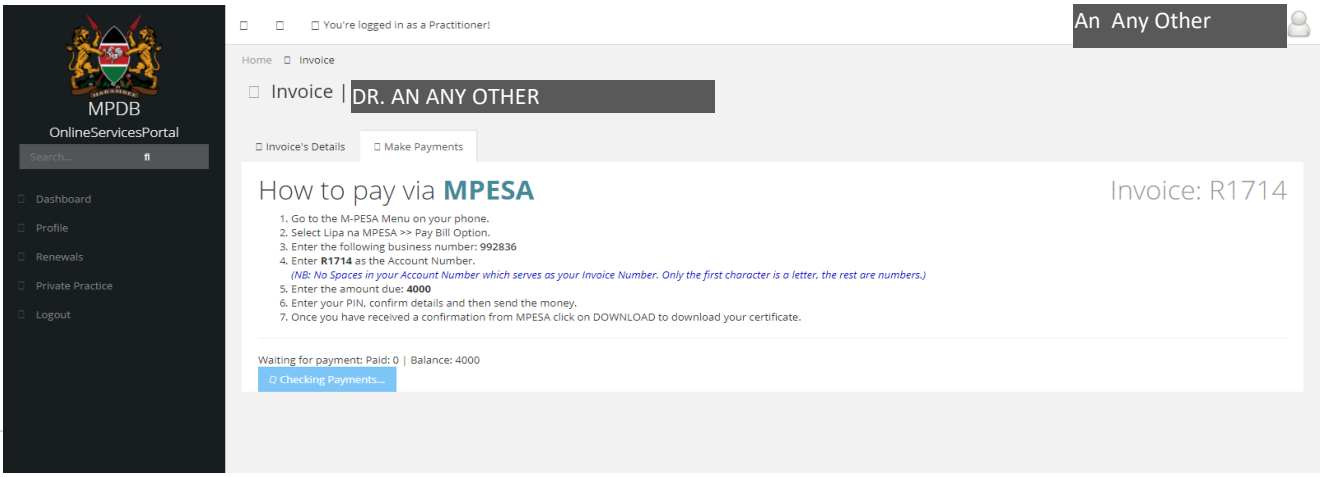
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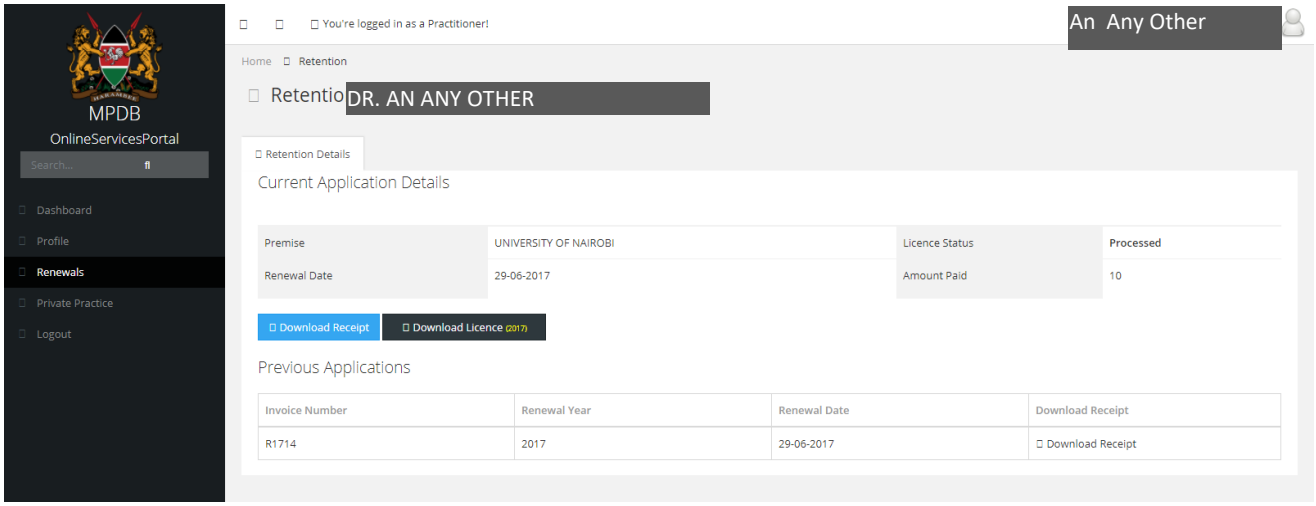
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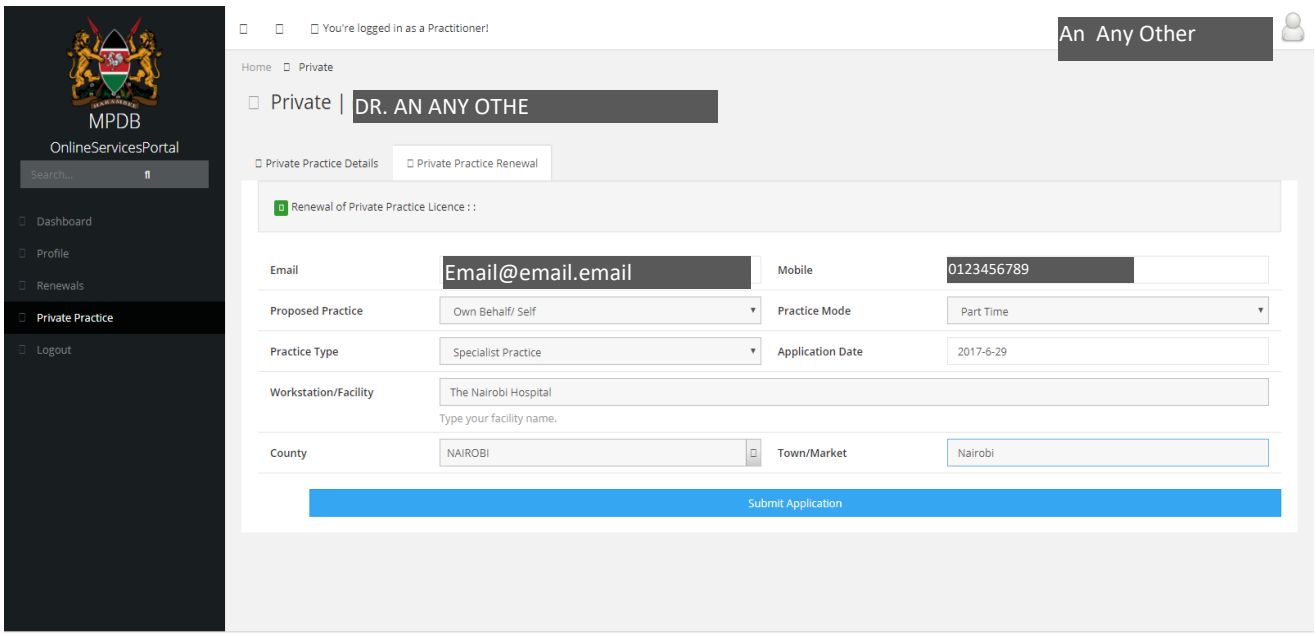
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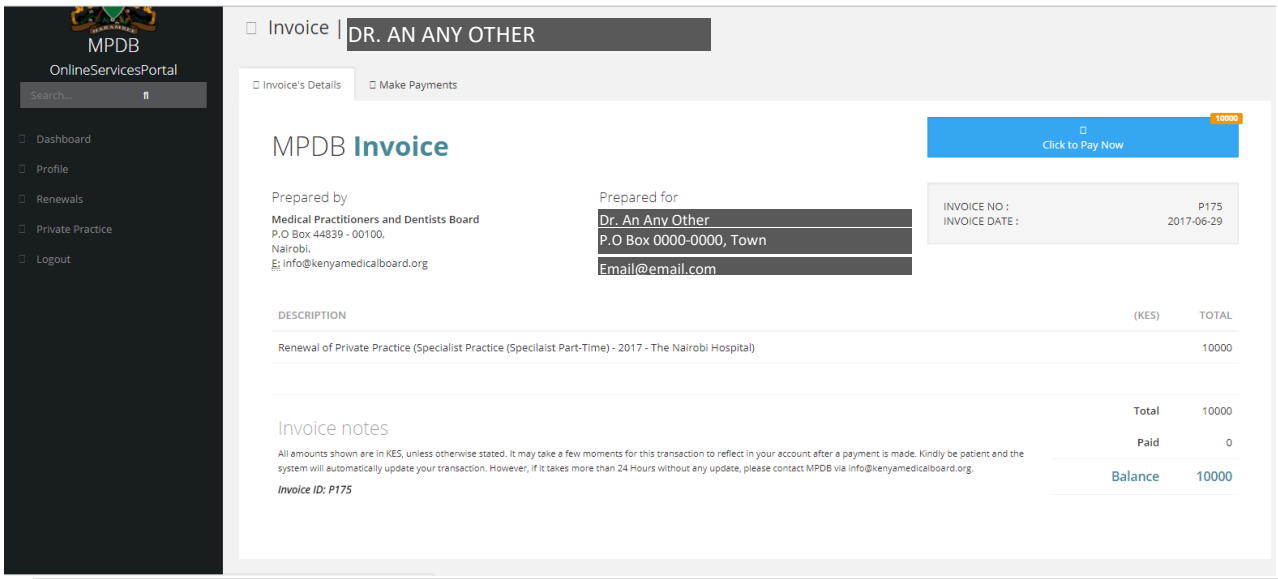
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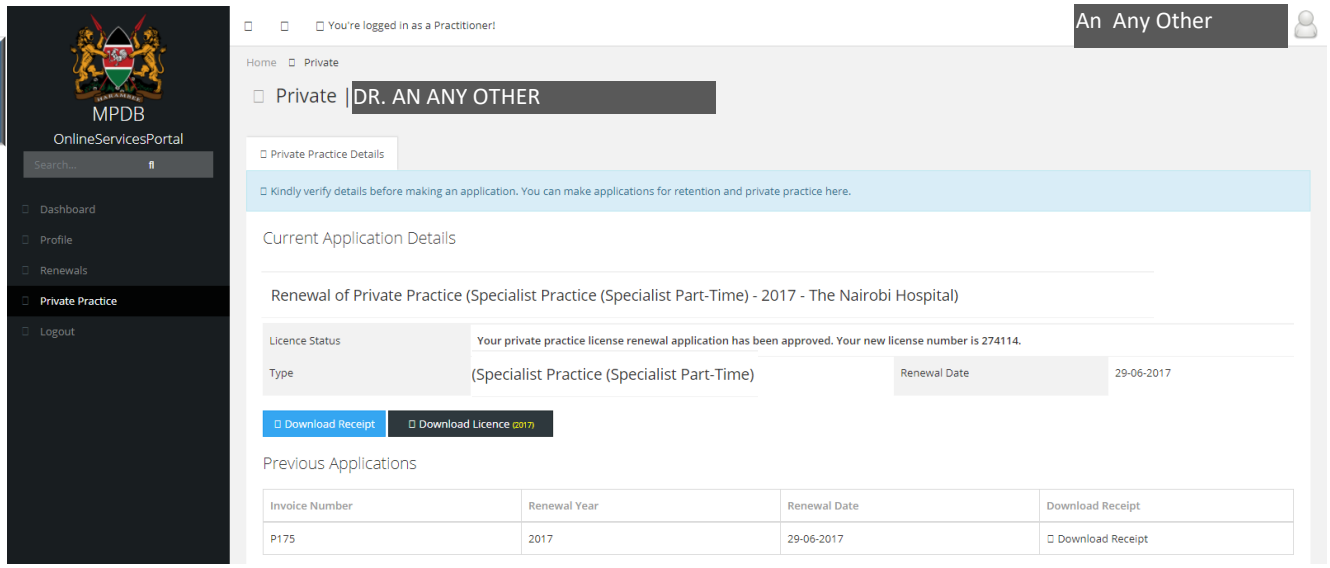
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12



13



MINISTRY OF HEALTH
KENYA MEDICAL PRACTITIONERS & DENTISTS BOARD

P.O Box 44839 – 00100, Nairobi, Kenya.
Tel: 020-2728752 / 2711478 / 2724994
Email: info@kenyamedicalboard.org Website: www.medicalboard.co.ke

Payment Confirmation

Application Date : 29-06-2017 Serial Number: 20019

Application Information

Name	DR. AN ANY OTHER
Registration No.	A0000
Application Type	Private Practice: (Specialist Practice (Specialist Part-Time)
Premise	The Nairobi Hospital

Payment Details

Invoice Number	P175
Invoice Date	29-06-2017
Amount	Due: 10 Paid: 20 Balance: -10
Payment Mode	MPESA::LFT9EX17BX::8359MPESA::LFT5EX2C45::8360
Date of Payment	29th June, 2017
Original Payment ref No	19/P175

This is a computer generated receipt downloaded from Medical Practitioners and Dentists Board (MPDB) Portal, osp.medicalboard.co.ke.
It is a valid payment confirmation issued under the Authority of MPDB and does not serve as a licence.

MINISTRY OF HEALTH
KENYA MEDICAL PRACTITIONERS & DENTISTS BOARD

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Payment Confirmation

Application Date : 29-06-2017 Serial Number: 20018

Application Information

Name	DR. AN ANY OTHER
Registration No.	A0000
Application Type	Renewal of Retention Certificate for 2017
Premise	UNIVERSITY OF NAIROBI

Payment Details

Invoice Number	R1714
Invoice Date	29-06-2017
Amount	Due: 10 Paid: 10 Balance: 0
Payment Mode	MPESA::LFT0EWY67W::8358
Date of Payment	29th June, 2017
Original Payment ref No	18/R1714

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KMPDB Online Services Portal Procedure Manual

Portal Address osp.medicalboard.co.ke

Issue Date: 29-06-2017 No. 274114

FORM VII

MEDICAL PRACTITIONERS AND DENTISTS BOARD

LICENCE FOR PRIVATE MEDICAL OR DENTAL PRACTICE

DR. AN ANY OTHER , A0000

Doctor Name Registration No.

P.O Box 0000-0000, Town

Address

is hereby licensed in accordance with the provision of section 15 of the Act, to engage in private practice on his/her own behalf as a private medical/dental practitioner or to be employed whole/part-time, by a private practitioner.

OWN BEHALF/ SELF (PART TIME)

Licensed Private Practice Mode

This licence entitles the holder to engage in private practice as

SPECIALIST PRACTICE (GENERAL SURGERY / UROLOGY)

Discipline

Authorized premises to be used for the purpose of private practice

Detailed particulars and location of authorised premises

This license shall expire on the last day of **December, 2018**

No change of premises is permitted without the authority of the Board.

Dated this 1st day of January, 2018

Seal of the Board

Dr. Jackson K Kioko,OGW
Registrar
Medical Practitioners and Dentists Board

CONDITIONS OF LICENCES:
(a) This is issued on condition that your private practice does not conflict with the terms and conditions of service of your employer
(b) The licence must be prominently displayed in the clinic in which you practice

Signature of the holder

Issue Date: 29-06-2017 No. 33134

MEDICAL PRACTITIONERS AND DENTISTS BOARD

ANNUAL RETENTION CERTIFICATE

Date of first registration 14-04-1988 Registration No. A0000

This is to certify that DR. AN ANY OTHER

Whose qualifications are: MBChB,(Uni),2017, M.Med(Surg),2017

discipline: SPECIALIST PRACTICE (GENERAL SURGERY / UROLOGY

and whose registered address is P.O Box 0000-0000, Town

Having duly complied with the provisions of the Medical Practitioners and Dentists Board is entitled to practice during the year 2017.

A retention certificate must be renewed for every subsequent year.

This confirmation is evidence of retention in the Register only until 31st December 2017.

This certificate does not allow the holder to engage in Private Practice.

Seal of the Board

Dr. Jackson K Kioko,OGW
Registrar
Medical Practitioners and Dentists Board

