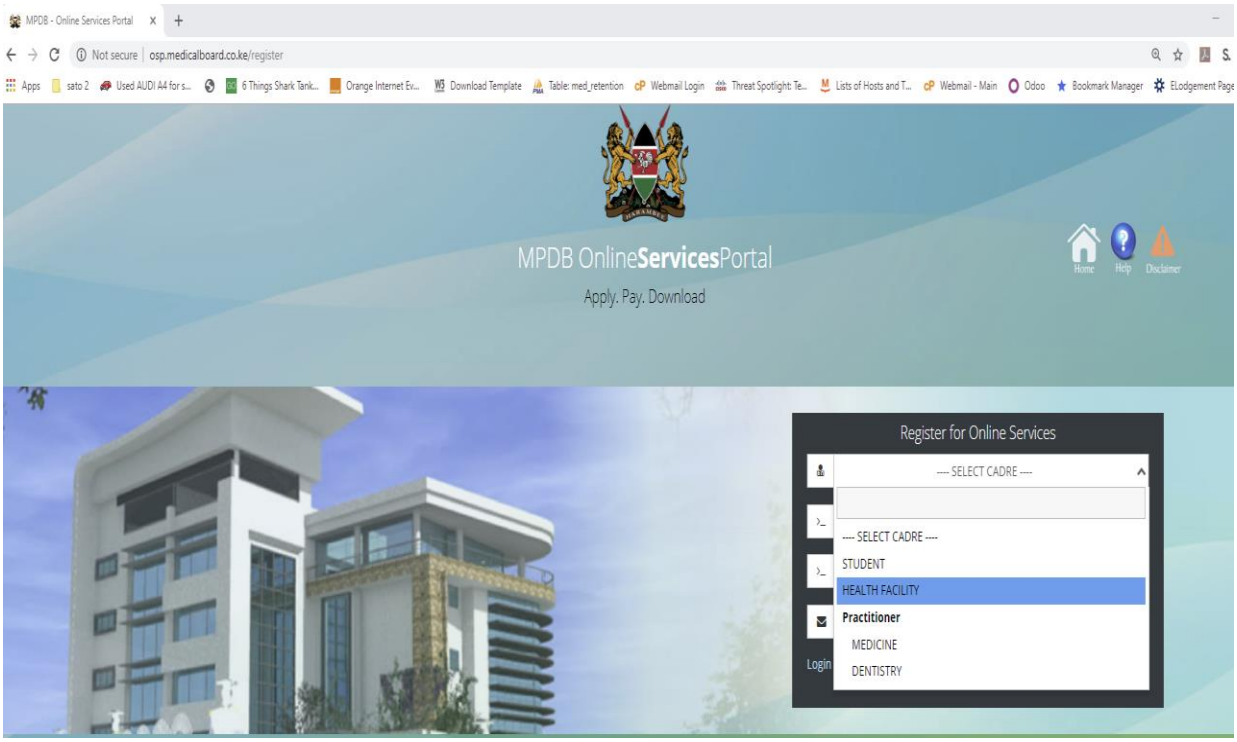
KMPDC Online Services Portal Procedure Manual

Follow the steps below to renew Health Facility License

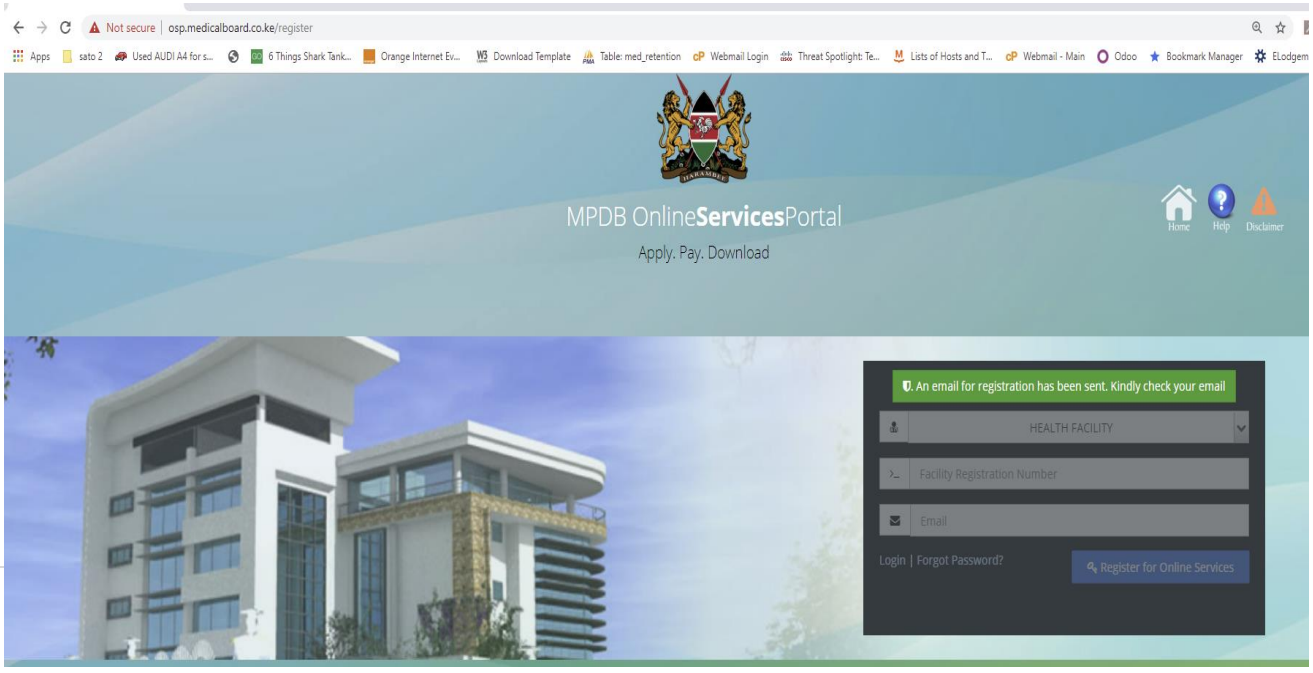
1 **Open an Internet browser, access osp.kmpdc.go.ke, click Create Account and select Health Facility from the drop-down list.**

Enter the **Health Facility Registration Number, Exactly** as it appears in the **Registration Certificate.** Enter the **email address that was provided during the registration process.** If the email address has changed, contact the Council on osp@kmpdc.go.ke or call +254740257722, +254202724994,+254202711478,

1

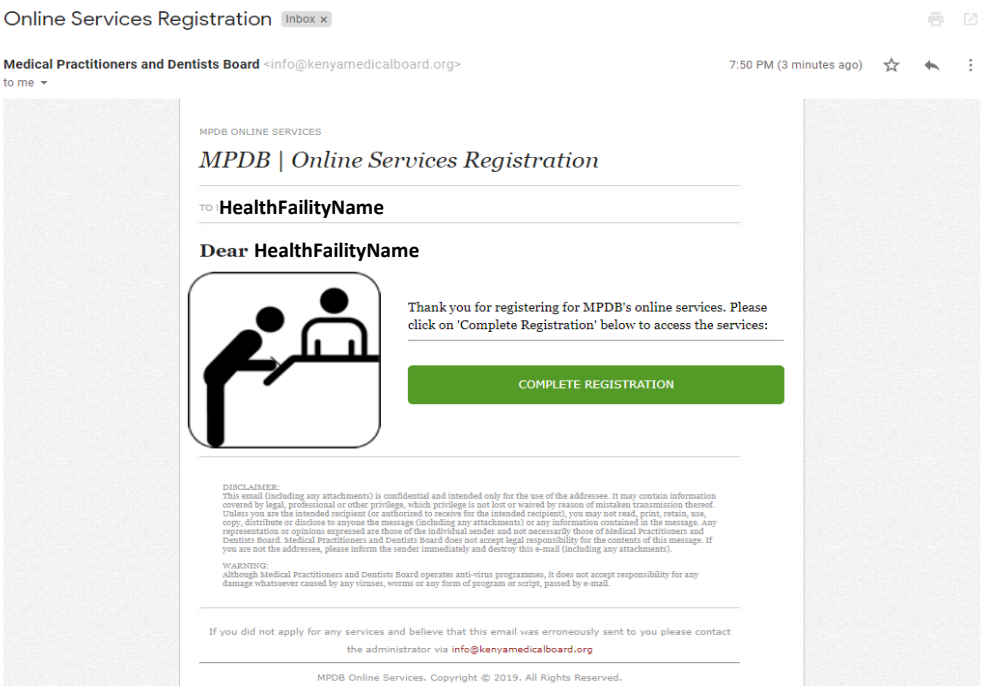


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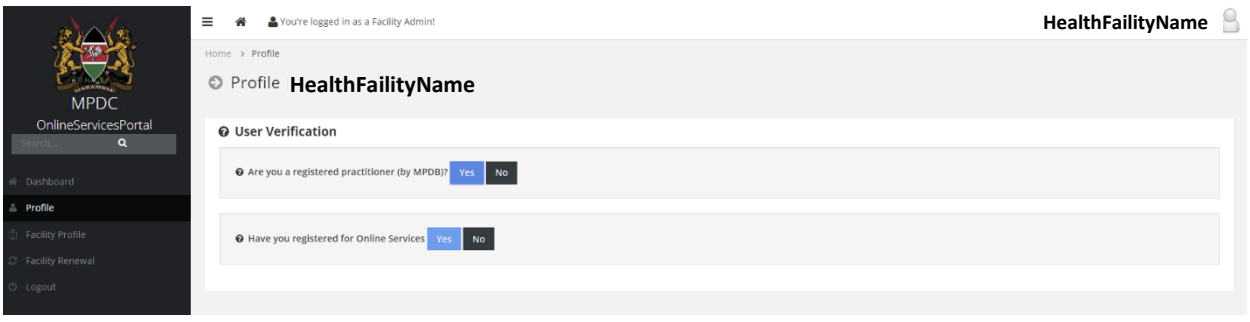
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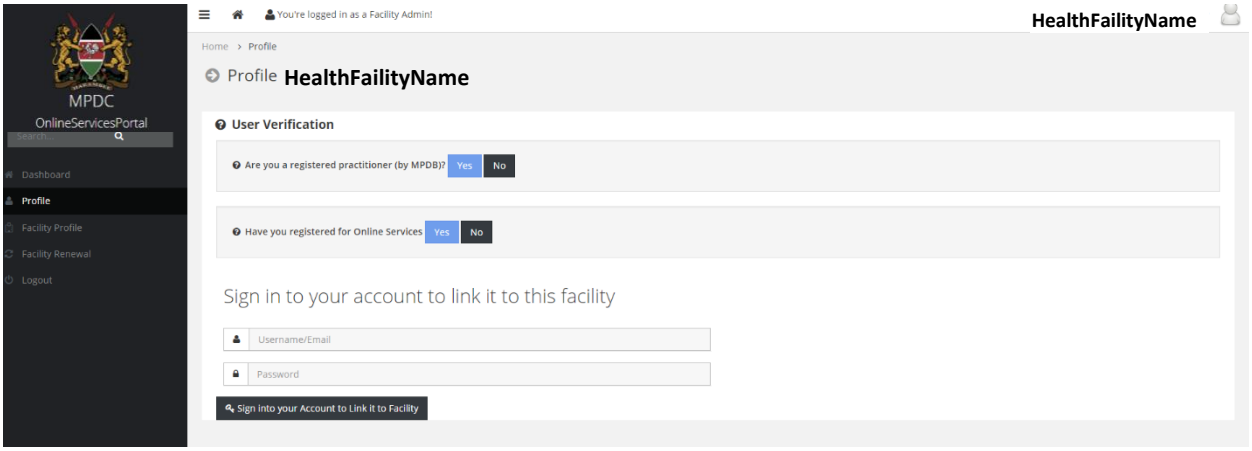


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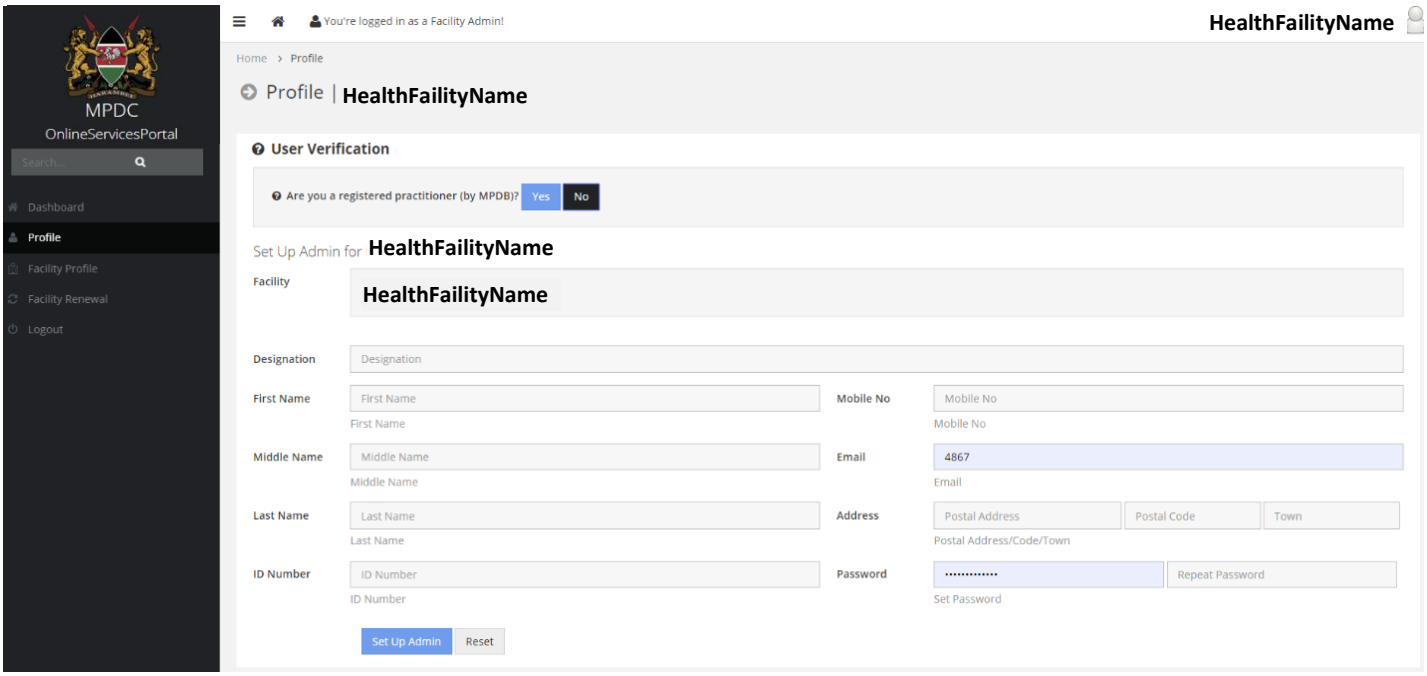


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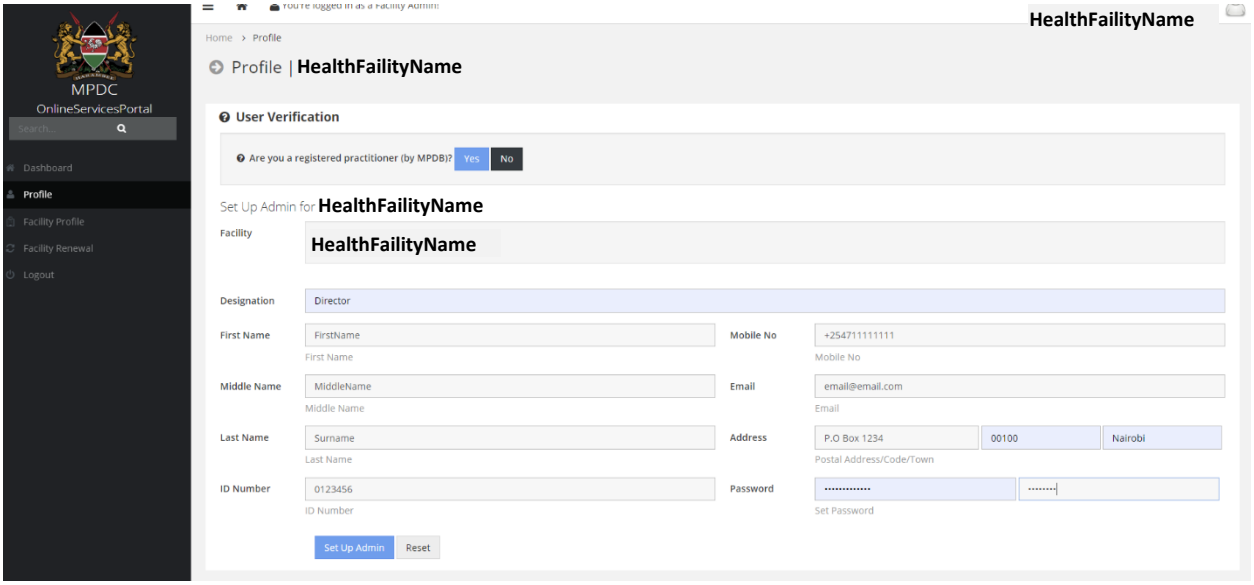


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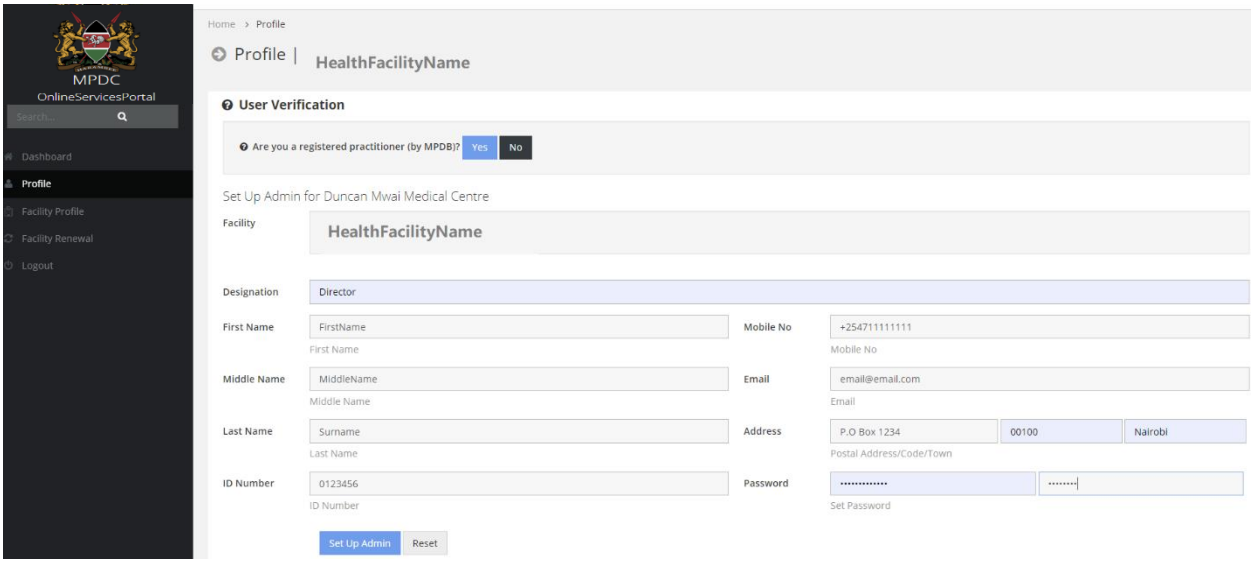


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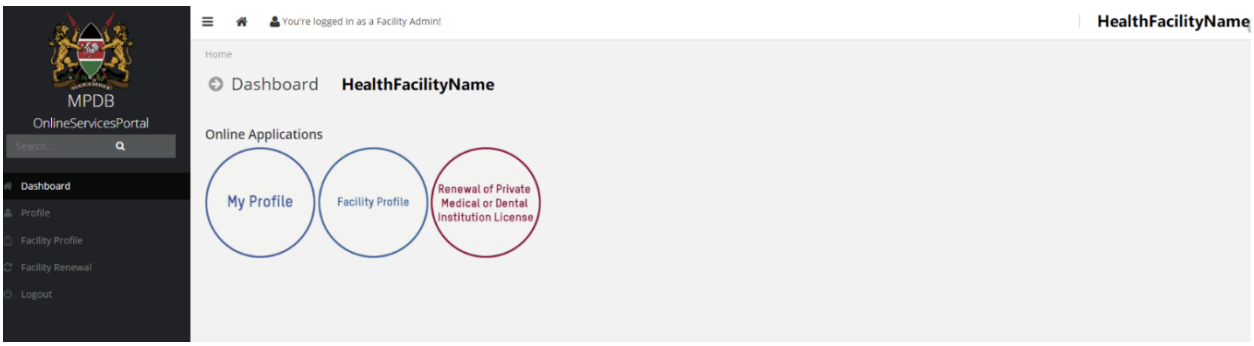
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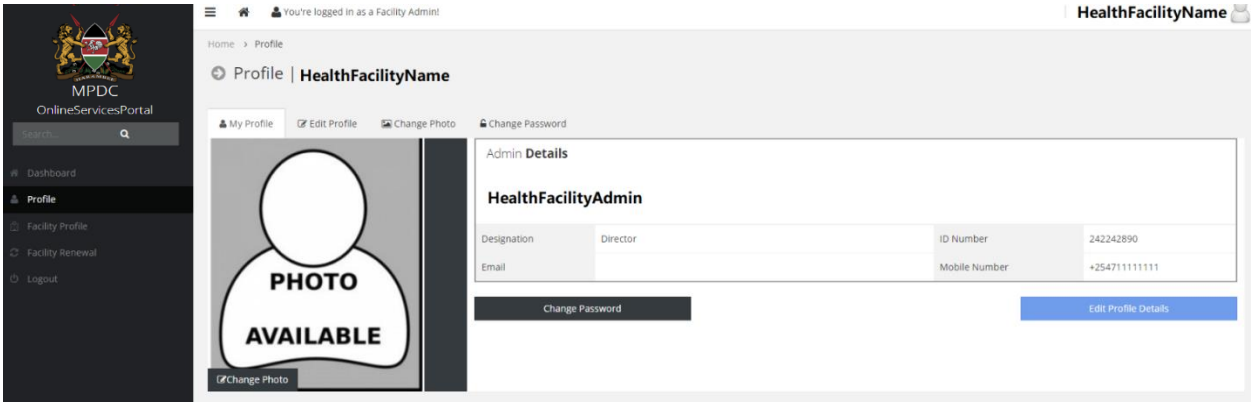


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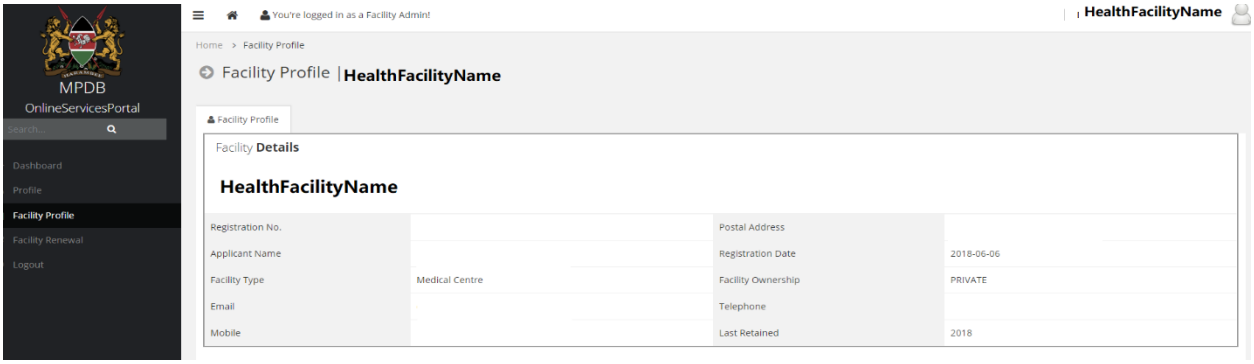


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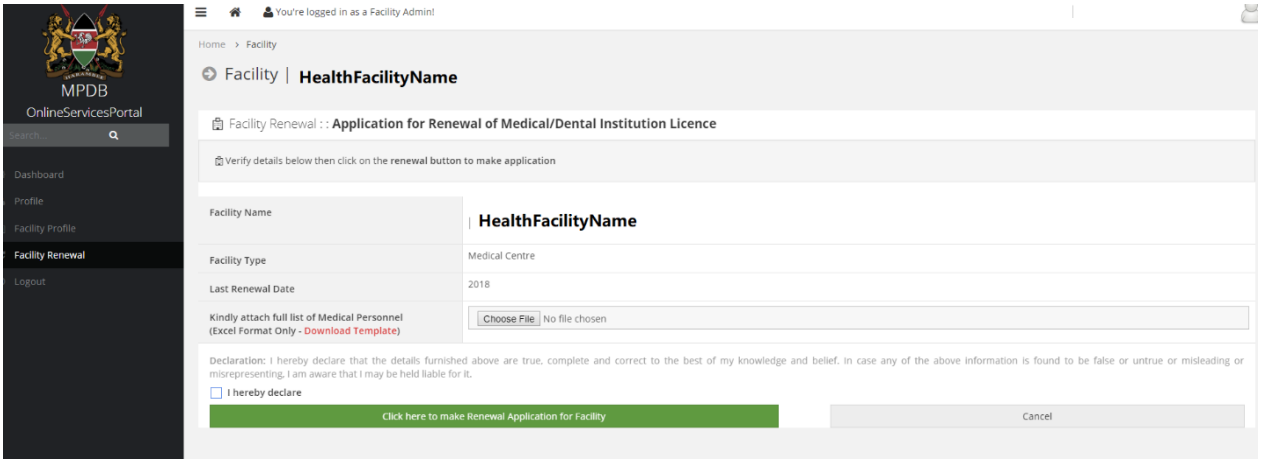
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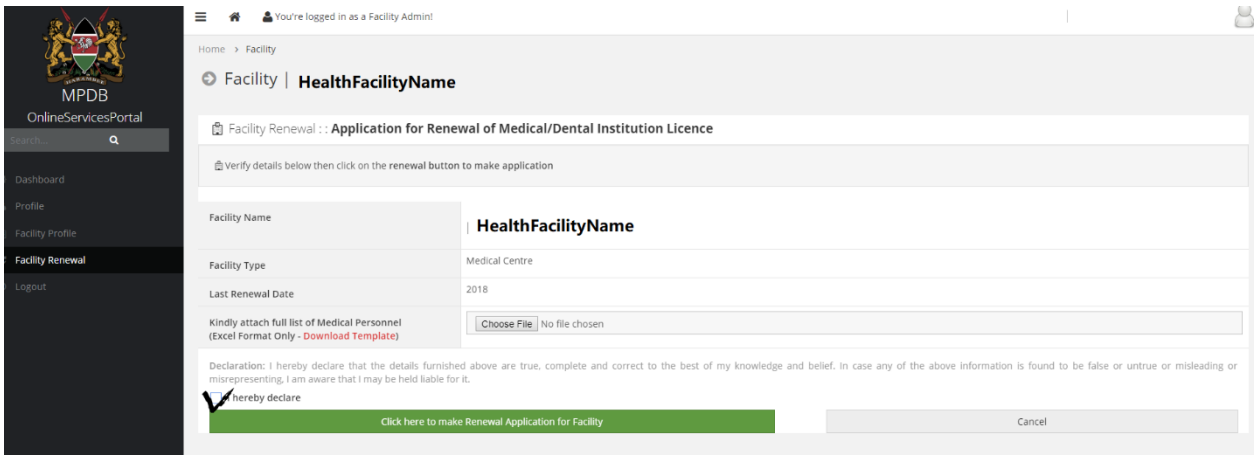
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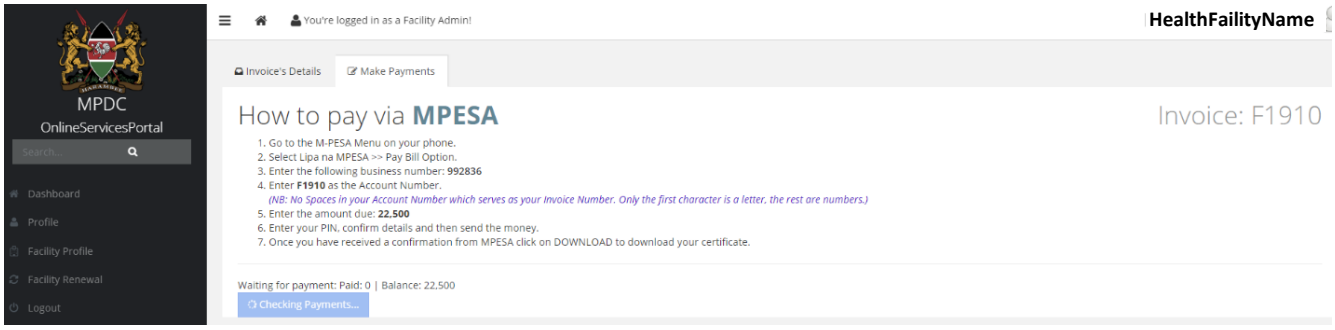


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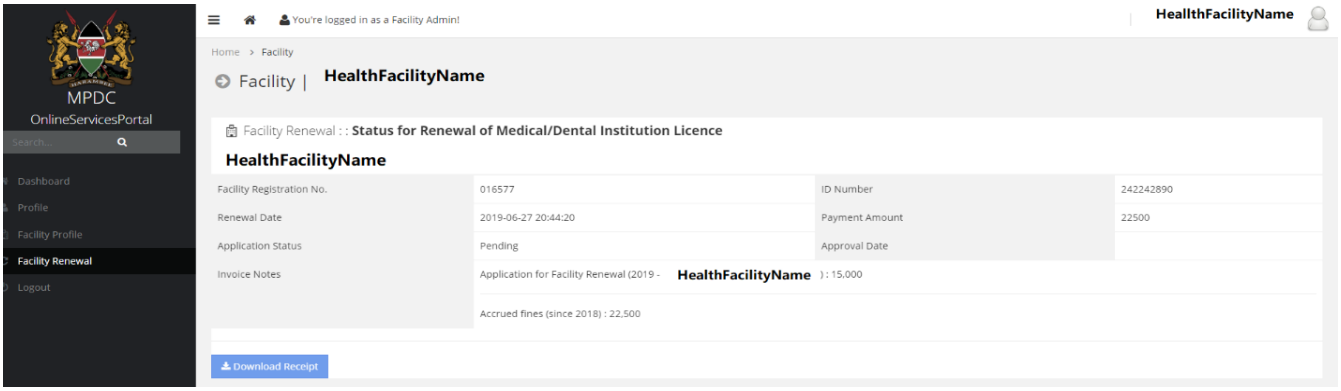


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MPDC ONLINE SERVICES

MPDC | Facility Retention Application Status

TO **HealthFacilityName**

Dear HealthFacilityName

Your facility retention application has been processed. Kindly visit the Online Services Portal to view the status and download your licence.

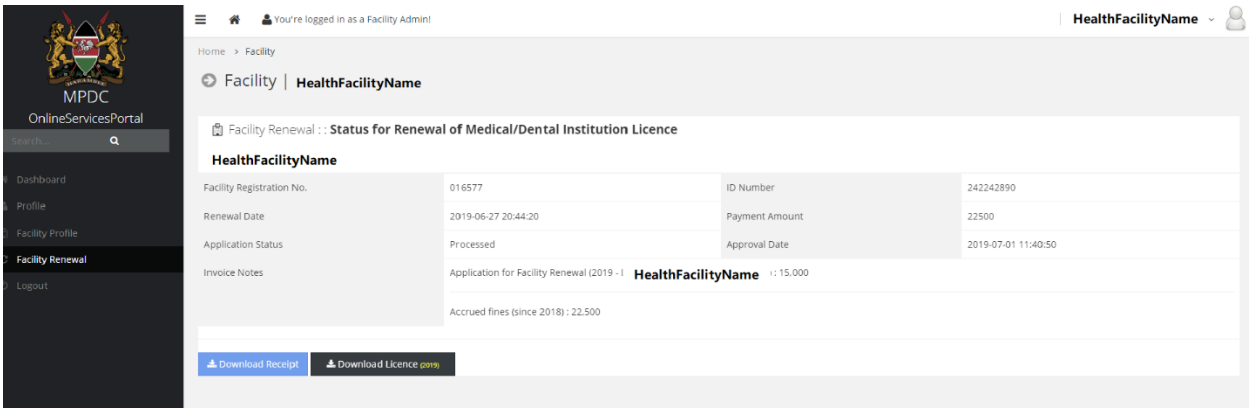
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MINISTRY OF HEALTH
KENYA MEDICAL PRACTITIONERS & DENTISTS COUNCIL

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 : 01-07-2019 Serial Number: 31383

Application Information

Name	HealthFacilityName
Registration No.	016577
Application Type	Facility Renewal for 2019
Premise	HealthFacilityName

Payment Details

Invoice Number	F1910
Invoice Date	27-06-2019
Amount	Due: 22500 Paid: 22500 Balance: 0
Payment Mode	MPESA: EKJRBLRERE
Date of Payment	1st July, 2019
Original Payment ref No	11383/F1910

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

Issue Date: 01-07-2019 No. 39609

MEDICAL PRACTITIONERS AND DENTISTS ACT
(Cap. 253)

LICENCE TO OPERATE AS A PRIVATE MEDICAL INSTITUTION

HealthFacilityName (Institution Name) / 016577 (RegNo)

P.O. BOX 44839 00100 NAIROBI
full address

Is Hereby Licensed To Operate a Private Medical Institution In Accordance With the Provisions of Rule(5) of the Medical Practitioners and Dentists (Medical Institutions) Rules. This Licence Entitles the Medical Institution To Operate As a:

MEDICAL CENTRE

in Medical Institutions:
LEVEL 3A
Authorised County for the Institution
NAIROBI

Maximum number of In-patients 0

This Licence Shall Expire on the Last Day of December 2019

No Change of Premises is Permitted Without the Authority of the Council.

Dated This 1st day of January 2019

Daniel M. Yumbya, MBS
Registrar
Medical Practitioners and Dentists Council

CONDITIONS OF LICENSE:
1. Institution Are Adhered To At All TimesThis Licence is Issued on Condition That Minimum Requirements Set By the Board for Operation of the Private Medical