PHOTO

REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS

1. Surname ……Other Names ……
2. Date of Birth……Nationality……
3. Address……Code……Town……Tel……
4. Email…… ……
5. Degree, Diploma or Licence held (*provide official translation)*
   ……
6. Name of medical/dental school……Dates qualified……
7. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*
   ……
8. Testimonials Covering the Period(s) of Experience

   ……
9. Name of employer:……Address……Code……

   Email……Tel No……
10. Is this New Application or Renewal? ……Licence No……

Requirements

- *(i) Copy of ID/Passport*
- *(ii) Coloured pass port size photo*
- *(iii) Certified copies of professional certificates and transcripts*
- *(iv) Certificate of Status*
- *(v) Introduction letter/job offer from the institution*
- *(vi) Copy of registration certificate from respective medical Board/Council*
- *(vii) Copy of current/last practice licence*
- *(viii) Copy of current CV*
- *(ix) Licence fee Kshs.20,000.00*
- *(x)* ***All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.***

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicant ……Date……

FOR OFFICIAL USE

The process will take a maximum of two weeks.

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