**PHOTO**

# REPUBLIC OF KENYA

## THE MEDICAL PRACTITIONERS AND DENTISTS ACTS

**FORM IV** **(NO.20 of 1977)**

## APPLICATION FOR A LICENCE TO RENDER MEDICAL OR DENTAL SERVICES

1. Surname (BLOCK LETTERS) .....
2. Other Names (BLOCK LETTERS).....
3. Address.....Code..... Town.....
4. Email..... Mobile No.....
5. Place and Date of Birth.....
6. Nationality.....
7. Degree, Diploma or Licence held (*give name of medical school and date qualified)*
   .....
   .....
   (*legible certified true photocopies should be supplied)*
8. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*
   .....
   .....
9. Testimonials Covering the Period(s) of Experience
   .....
   (*photocopies should be supplied for record purposes)*
10. Have any arrangements been made regarding employment? (*if so, give details)*.....
    .....
11. Is this New Application or Renewal?.....
    (*if renewal photocopy of licence should be supplied)*

A fee of Kshs.15,000 is payable for a licence except for interns under section 11 of the Act.

**Signature of applicant .....Date.....**

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