PHOTO

REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR PEER REVIEW

1. Surname ……Other Names ……
2. Date of Birth …… Nationality……I.D/Passport Number……
3. Address……Code……Town……Tel/Mobile……
4. Email……
5. Degree, Diploma or Licence held (*give name of medical school and date qualified – if degree not in English, provide official translation) .(Certified True Copies must be provided)*
   ……
6. Particulars of Experience (*e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced:*
   ……
7. Testimonials Covering the Period(s) of Experience……
8. Have any arrangements been made regarding employment? *(if so, give details)*……

Requirements

(i) Copy of ID/Passport
(ii) Coloured pass port size photo
(iii) Certified copies of professional certificates and academic transcripts
(iv) Copy of current CV
(v) Evidence of postgraduate qualifications
(vi) Certificate of Status (Good Standing)
(vii) Certificate of status from current regulatory authority
(viii) Specialist Recognition (if any) from current medical council
(ix) ECFMG Verification Form
(viii) Application fees of Kshs. 5,000.00
(ix) Peer Review/ Evaluation fees of Kshs. 95,000.00
(x) ***All payments should be made at any KCB Branch countrywide to Council's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB***

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

Signature of applicant ……Date……
The process takes a maximum of Thirty (30) days

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