PHOTO

REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACTS
(NO.20 of 1977)
APPLICATION FOR PRE-REGISTRATION EXAMINATION

1. Surname ……Other Names …… ……
2. Date of Birth……Nationality……
3. Address……Code……Town……Tel……
4. Email…… …… ……
5. Degree, Diploma or Licence held (*give name of medical school and date qualified – if degree not in English, provide official translation)*
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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:*

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7. Testimonials Covering the Period(s) of Experience

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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*
- *(iv) Evidence of appropriate linguistic skills in English and/or Kiswahili for non-Kenyans*
- *(v) Academic transcripts*
- *(vi) Curriculum Vitae*
- *(vii) Evidence of internship*
- *(viii) Evidence of employment/job offer in a recognized institution.*
- *(ix) Letter from Commissioner for Higher Education (CHE) confirming recognition of the medical/dental school (if foreign trained)*
- *(x) Qualification; Form IV or VI certificate*
- *(xi) Application fee Kshs.5,000.00*
- *(xii) Examination Fee Kshs.50,000.00*

Signature of applicant ……Date……

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