FORM XI

THE MEDICAL PRACTITIONERSAND DENTISTS ACT
(CAP 253)
APPLICATION FOR RENEWAL OF INSTITUTIONAL LICENCE FOR THE YEAR 2011

PART (1)

(To be completed by the applicant)

1. Full names and Contacts of the institution

   Name.....

   P. O. Box ..... Code..... Town.....

   Tel No. ..... Mobile No.....

   Email address .....

2. Registration Number: ..... Date of Registration: .....
3. Previous License Number and Year issued

   .....

4. Type/ Category of Institution .....
5. No. of beds: .....
6. Fees payable: Kshs. .....
7. Names of key medical personnel:

   (a) Doctor in charge..... Reg. No.....

   (b) Other Doctors: 1..... Reg. No.....

   2..... Reg. No .....

   (c) Clinical Officers: 1..... 4.....

   2..... 5 .....

   3..... 6 .....

   (d) Nurses: 1..... 4.....

   2..... 5 .....

   3..... 6 .....

(e) Lab. Technicians/ Technologists: 1.....

2.....

(f) Pharmacists/ Pharmatechnologists 1:.....

2: .....

Others .....

8. Physical Location of Institution

Province ..... District .....

Division ..... Town/ Market.....

Plot No .....

Street .....

9. Applicant Full Names .....

10. Designation .....Qualifications.....

Signature ..... Date.....

PART (2)

(For official use only)

(a) Remarks by Licencing Officer:

(b) Application **recommended/ not recommended** (*if not recommended, give reasons)*

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Name..... Sign ..... Date.....

(c) The Renewal is **approved/ not approved** (*if not approved, give reasons)*

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Name..... Designation .....

Sign ..... Date .....

Delete where inapplicable