THE MEDICAL PRACTITIONERS AND DENTISTS ACT

(NO.20 of 1977)

RENEWAL FORM FOR PRIVATE PRACTICE LICENCE FOR THE YEAR 2014

(All doctors except the ones in Government employment)

(All fields are mandatory)

1. Surname ……Other Names……Reg. No……
2. Date of Birth……Nationality……
3. Address……Code……Town……Tel……Mobile……
4. Email……
5. Employer……
6. Name of Authorized premises……
7. Previous Private Practice Licence Number……
8. Notification for any changes of name, address and/or authorized premises……
   ……
9. Specialist/General practice. If specialized please specify the discipline……
10. Letter of no objection from employer/Schedule of duties should be provided for Part-time practice.
11. All applications together with payments should be received by 30th October 2013

Requirements

i) Fee:

Kenyans

A fee of Shs.15,000 is payable annually for Specialist Practice

A fee of Shs.10,000 is payable annually for General Practice

A fee of Shs.10,000 is payable annually for Part-time Practice (Specialist)

Non-Kenyans

A fee of Shs.40,000 is payable annually for Specialist Practice

A fee of Shs.30,000 is payable annually for General Practice

A fee of Shs.30,000 is payable annually for Part-time Practice (Specialist)

i) Copy of previous licence

ii) Acquire a minimum of 50 CPD points

All payments should be made at any KCB Branch countrywide to Board's account No.1103158643, Milimani Branch.
SWIFT CODE: KCBLKENX, BRANCH: KCB, BANK CODE: 01175

Computer generated and stamped banking slip together with renewal form should be, within the first week, either emailed to *renewals.doctors@kenyamedicalboard.org*, copy to *ceo@kenyamedicalboard.org* or **posted to the address below.**

I hereby certify that the above information is correct to the best of my knowledge.

Signature of applicant ……**Date**……

FOR OFFICIAL USE

PREPARED:

Name:……Designation……

Signature……Date……

RECOMMENDED:

Name:……Designation……

Signature……Date……

APPROVED/NOT APPROVED

Name……

Designation……

Signature……

Date……

Physical Address: MP&DB House- Woodlands Rd off Lenana Rd

Address: P.O Box 44839-00100, NAIROBI-Kenya

Email: ***renewals.doctors@kenyamedicalboard.org,***

ceo@kenyamedicalboard.org

Website: ***www.medicalboard.co.ke***