REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(NO.20 of 1977)
APPLICATION FOR RETENTION IN THE YEAR 2013 REGISTER

1. Surname .....Other Names.....Reg.No.....

2. Date of Birth..... .....Nationality.....

3. Address.....Code.....Town.....Tel.....

4. Email.....

5. Name of Employer.....Address.....Code.....

   Email.....

4. Work station .....

5. Basic Qualifications ..... Postgraduate qualifications.....

   Recognized specialty .....

Requirements

*(i) Acquire a minimum of **50 CPD points** in the calendar year*
(ii) Evidence of employment if practitioner is not in private practice
(iii) Renewal fee Kshs.4,000
*(iv) Late application will attract 50% penalty of the retention fees after **31st December 2012***
All payments must be made to:
Medical Practitioners and Dentists Board
Account No: 1103158643
Branch: KCB, Milimani.
***Transactions can be undertaken at any KCB Branch countrywide.**

Computer generated and stamped banking slip together with renewal form should be, within the first week, either emailed to ceo@kenyamedicalboard.org or posted to the Medical Practitioners and Dentists Board Office.

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

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

FOR OFFICIAL USE:

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