REPUBLIC OF KENYA
THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(NO.20 of 1977)

APPLICATION FOR RETENTION IN THE YEAR 2015 REGISTER

(ALL DOCTORS)

(All fields are mandatory)

1. Surname .....Other Names.....Reg.No.....
2. Date of Birth.....Nationality.....
3. Address.....Code..... Town.....Mobile No.....
4. Email.....
5. Name of Employer..... Address.....Code.....Town.....
   Email.....
6. Work station .....County.....Sub County.....
7. Basic Qualifications ..... Postgraduate qualifications.....
8. Recognized Specialty .....Sub Specialty.....

Requirements

1) Acquire a minimum of 50 CPD points in the calendar year
2) Evidence of employment if practitioner is not in private practice
3) **Renewal fee Kshs.4,000**

   All payments should be made:

   Medical Practitioners and Dentists Board

   Account No: 1103158643,

   Bank: KCB, Milimani Branch.

   SWIFT CODE: KCBLKENX

   BANK CODE: 01175

   ***Transactions can be undertaken at any KCB Branch countrywide**
4) **Late payment will attract 50% penalty. Penalty date is 30th September 2014**

   Computer generated and stamped banking slip together with should be, within the first week, either emailed to info@kenyamedicalboard.org or posted to 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:

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: info@kenyamedicalboard.org

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