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

APPLICATION FOR RETENTION IN THE YEAR 2018 REGISTER

(All fields are mandatory) ***(ALL DOCTORS)***

1. Surname .....Other Names.....Reg.No.....
2. Date of Birth.....Nationality..... I.D Number.....
3. Address.....Code..... Town.....Mobile No.....
4. Email.....
5. Name of Employer *(tick where appropriate)*

☐ i.Retired
☐ ii.Type of Practice : Administration ☐ .....Clinical: ☐ .....
☐ iii.Government. Workstation.....County.....Sub County.....
☐ iv.Private.....Estate.....Street.....Town.....County .....
☐ v.Registrar (Discipline).....University of training.....
☐ vi.Senior Registrar (Discipline).....Work Station.....

6.Basic Qualifications ..... Postgraduate qualifications.....

7.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) Coloured Passport size photo after every 2 years
4) Renewal fee Kshs.4,000

Payment Methods

1. Bank
Medical Practitioners and Dentists Board
Account No: 1103158643
Branch: KCB Milimani

2. MPESA Paybill No: 992836; Account No - "*RegNo– **or** ID NO"* – Indicate the Transaction Code and the date paid on the form.

3. SWIFT CODE: KCBLKENX
BANK: Kenya Commercial Bank (KCB)
BANK CODE: 01175

5) Late payment will attract 50% penalty.

Computer generated and stamped banking slip together with duly filled retention form should be submitted to the Board within the first week of payment to info@kenyamedicalboard.org or posted to Medical Practitioners and Dentists Board Office.

* **I am not incapacitated by any reason of any physical or mental health.**

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

Tel: +254 20-272 8752 |+254 20 272 4994 |+254 20 271 1478
Mobile : +254 720 771 478 |+254 736 771 478
Website: www.medicalboard.co.ke