MEDICAL PRACTITIONERS AND DENTISTS ACT
(CAP 253)
APPLICATION FOR RENEWAL OF MEDICAL INSTITUTION LICENCE FOR THE YEAR 2019

(***ALL fields are required , cancel where not applicable***)

PART (1)

Details of the Facility

1. Name of the Facility: .....

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

   Tel No. ..... Mobile

   No.....

   Email address: .....

2. Physical Location of institution:

   County: .....Sub County.....:

   Division: ..... Town/ market: .....

   Building/ Plot No: ..... Street: .....

3. Registration Number: .....Date of Registration:.....

4. Previous License Number: .....

5. Type of institution: .....

6. No. of Beds: .....

7. Availability of ICU. (YES/NO). If Yes, indicate the number of Beds: .....

8. Names of medical personnel (Kindly attach full list):

   Doctor in charge: .....Reg. No. .....

   Other doctors: 1. ..... Reg. No. .....

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

   Clinical Officers: 1. ..... 2.....

   3. ..... 4.....

   5. ..... 6.....

   Nurses: 1. .....2.....

   3. ..... 4.....

   5. ..... 6.....

Lab. Technicians/ Technologists: 1. ……

2. ……

(f) Pharmacists/ Pharmtechs: 1. ……

2. ……

Others: 1……

2. ……

10. Applicant's full names: ……

11. Designation: ……

12. **Late payment attracts 50% penalty**

PART (2)

Payment Details

A) For amounts lower than Kshs. 70,000, use the MPESA method below.

MPESA Paybill No: 992836; Account No - ***"Health Facility Reg No"*** –
Indicate the Transaction Code and the date paid on the form.

B) For amounts higher than Kshs. 70,000, pay to the Bank using the details below:

Medical Practitioners and Dentists Council
Account No: 1103158643
Branch: KCB Milimani

C) SWIFT CODE: KCBLKENX

BANK: Kenya Commercial Bank (KCB)
BANK CODE: 01175

13. Signature: …… Date: ……

PART (3)

FOR OFFICIAL USE:

PREPARED:

Name……

Designation……

Signature……..**Date**……

RECOMMENDED:

Name……

APPROVED/NOT APPROVED

Name……

Designation……

Signature……

Date……

Physical Address: MP&DC 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 |+254 738 504 112

Website: www.medicalboard.co.ke

LICENSE FEES FOR HEALTH INSTITUTIONS

	Health Facility Type	Annual License Fees (Ksh.)
1.	Medical Clinic	15,000
2.	Dental Clinic	15,000
3.	Dispensary	5,000
4.	Faith Based Dispensary	5,000
5.	Mobile Clinic	15,000
6.	Eye Clinic	15,000
7.	Faith Based Basic Health Centre	15,000
8.	Basic Health Centre	15,000
9.	Faith Based Comprehensive Health Centre	15,000
10.	Comprehensive Centre	20,000
11.	Medical/Dental Centre	20,000
12.	Funeral Home Stand Alone	20,000
13.	Nursing Home/Cottage Hospital	**30,000**
14.	Maternity Home	25,000
15.	Faith Based Level 4 Hospital	30,000
16.	Hospital Level 4/ Internship Training Centre/County Hospital /Eye Hospital	80,000
17.	Faith Based Level 5 Hospital	50,000
18.	Hospital Level 5/County Referral Hospitals/Secondary Care Hospital	90,000
19.	Faith Based Specialized Tertiary Referral Hospital	80,000
20.	Specialized Tertiary Referral Hospital	90,000
21.	Faith Based National Referral and Teaching Hospitals and specialized hospitals	100,000
22.	National Referral and Teaching Hospitals and specialized hospitals Level 6	300,000