REPUBLIC OF KENYA

Telephone: +254 020 2724994/2711478/2728752
0720 771478/0738 504112
Fax: +254 020 2724938
Email Address: ceo@kenyamedicalboard.org
Website: www.medicalboard.co.ke
When replying please quote

KENYA MEDICAL PRACTITIONERS
AND DENTISTS COUNCIL
MP&DC HOUSE,
WOODLANDS RD, OFF LENANA RD.
P O BOX 44839-00100
NAIROBI

INTERNSHIP COMPLETION CERTIFICATE

NAME: _____

INTERNSHIP TRAINING CENTRE: _____

ADDRESS: _____

This is to certify that the above mentioned doctor has successfully completed his/ her internship training, with internship rotations as follows:

	Discipline	**Period**			**Remarks**
1.	Paediatrics	_____	to	_____	_____
2.	General Surgery	_____	to	_____	_____
3.	Internal Medicine	_____	to	_____	_____
4.	Obstetrics & Gynaecology	_____	to	_____	_____

Medical Superintendent/ Administrator: _____

Sign: _____ **Date:** _____

Hospital Stamp:

Registration and Licensing Manager: _____
MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

Sign: _____ **Date:** _____

Chief Executive Officer: _____
MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

Sign: _____ **Date:** _____

Seal of the Council: