PHOTO

REPUBLIC OF KENYA

FORM IV **THE MEDICAL PRACTITIONERS AND DENTISTS ACTS**
(NO.20 of 1977)
APPLICATION FOR MEDICAL & DENTAL PRACTTIONERS INTERNSHIP LICENCE

1. Surname …… ……Other Names……

2. Date of Birth…… ……Nationality……

3. Address……Code……Town……Tel……

4. Email……

5. Degree, Diploma or Licence held (*if degree not in English provide official translation)*

   ……
   (*legible certified true photocopies should be supplied)*

6. Particulars of Medical/Dental School
   ……

7. Details of Internship Training Centre

Name……Address……

Requirements

(i) Copy of ID/Passport
(ii) Coloured passport size photograph
(iii) Evidence of passing Board Internship Qualifying Exam (foreign trained)
(iv) Copy of posting letter from the Ministry of Health
(v) Evidence of completing Medical/Dental Training in an accredited University in Kenya
(vi) Evidence of having completed Medical/Dental Training in an institution within the EAC that qualifies for reciprocal recognition.
(vii) If foreign trained letter from CHE confirming recognition of the medical/dental school.

N/B: This licence is issued for free.

Signature of applicant ……Date……

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