REPUBLIC OF KENYA

Telephone: +254 020 2724994/2711478/2728752
0720 771478/0738 504112
Fax: + 254 020 2724938
Email Address: info@kmpdc.go.ke
Email Address: ceo@kmpdc.go.ke
Website: www.kmpdc.go.ke
When replying please quote:

MEDICAL PRACTITIONERS
AND DENTISTS COUNCIL
KMPDC 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 and Child Health	_____	to	_____	_____
2.	General Surgery	_____	to	_____	_____
3.	Internal Medicine	_____	to	_____	_____
4.	Obstetrics & Gynaecology	_____	to	_____	_____
5.	Psychiatry	_____	to	_____	_____
6.	Community Health	_____	to	_____	_____

Name of the Medical Superintendent/ Administrator: _____

Sign:_____ **Date:** _____

Hospital Stamp:

Deputy Director: _____
LICENSING AND ACCREDITATION
KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL

Sign:_____ **Date:** _____