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# REPUBLIC OF KENYA

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

   ……
6. Name of Medical/Dental School……Address……Code……

   Email……
7. Name of Internship Training Centre ……Address……code……

   Email……

*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) The licence is issued at no fee.*

I hereby certify that the above information is correct to the best of my knowledge and I have met the above requirements.

Signature of applicant ……Date……

**FOR OFFICIAL USE:**

The process takes a maximum of two (2) weeks

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