REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(NO.20 of 1977)
NEW APPLICATION FOR PRIVATE PRACTICE LICENCE 2012

1. Surname ……Other Names……

2. Date of Birth……Nationality……

3. Address…… Code…… Town……Tel……

4. Registration No. and Date …… Email……

5. Particulars of experience *(e.g. posts held and types of practice in which the applicant has been engaged and countries in which the applicant has practiced)*
   Medicine ……
   Surgery ……
   Paediatrics ……
   Obstetrics & Gynaecology ……
   Others ……

6. Name of Authorized premises……

7. Notification for any changes of name, address and/or authorized premises

   ……

8. Do you propose to practice on your own behalf or to be employed whole-time or part-time by a Private Practitioner (*give details*)……

9. What type of practice do you purpose to engage in? Specialist or General Practice? If specialist, specify discipline.

   ……

Requirements

(i) Letter of no objection from employer; Schedule of duties should be provided for Part-time practice.
(ii) Letter of clearance from the Ministry.
(iii) Fee:

Kenyans
A fee of Shs.15,000 is payable annually for Specialist Practice
A fee of Shs.10,000 is payable annually for General Practice
A fee of Shs10,000 is payable annually for Part-time Practice
Non-Kenyans
A fee of Shs.40,000 is payable annually for Specialist Practice
A fee of Shs.30,000 is payable annually for General Practice
A fee of Shs.30,000 is payable annually for Part-time Practice

(iv) **All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.**

Signature of applicant …… Date……
I hereby certify that the above information is correct to the best of my knowledge.

FOR OFFICIAL USE:

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