REPUBLIC OF KENYA

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

1. Surname ……Other Names……Reg. No……..
2. Date of Birth……Nationality……
3. Address……Code……Town……Tel……
4. Email……
5. Employer……
6. Name of Authorized premises……
7. Previous Private Practice Licence Number……
8. Notification for any changes of name, address and/or authorized premises

   ……
9. Specialist/General practice. If specialized please specify the discipline……

   ……
10. Letter of no objection from employer/Schedule of duties should be provided for Part-time practice.
11. All applications together with payments should be received by 30th September 2011

Requirements

(i) 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

(ii) Copy of previous licence
(iii) Acquire a minimum of 50 CPD points
(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……