REPUBLIC OF KENYA

THE MEDICAL PRACTITIONERS AND DENTISTS ACT
(NO.20 of 1977)
APPLICATION FOR RETENTION IN THE YEAR 2012 REGISTER

1. Surname .....Other Names.....Reg.No.....

2. Date of Birth..... .....Nationality.....

3. Address.....Code.....Town.....Tel.....

4. Email.....

5. Name of Employer.....Address.....Code.....

   Email.....

4. Work station .....

5. Basic Qualifications ..... Postgraduate qualifications.....

   Recognized specialty .....

Requirements

(i) Acquire a minimum of 50 CPD points in the calendar year
(ii) Evidence of employment if practitioner is not in private practice
(iii) Renewal fee Kshs.4,000
(iv) Late application will attract 50% penalty of the retention fees after 31st December 2011
*(v) **All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch.***

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

Signature.....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.....	