REPUBLIC OF KENYA

APPLICATION FOR PROFESSIONAL CERTIFICATE OF STATUS

SECTION A

1. Surname ……Other Names……Reg.No……
2. Date of Birth……Nationality……I.D/Passport Number……
3. Address……Code……Town……Tel/Mobile……
4. Email……
5. Reasons for Certificate of status……
6. Intended country of stay/study/practice……Institution……

   Period……
7. If certificate is for travel, when are you expected back into the country……

SECTION B - REFEREE

I Dr./Prof. (Names in full)……

(Indicate Full Names as they appear in the Register)

Reg. No……of P O Box ……

Telephone (Mobile)……Email……

Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with the said Dr……

Reg. No./Licence No……

For the past……years; and further declare that

During this time he/she: -

(i) Has been engaged in Medical/Dental practice.
(ii) Has conducted himself/herself well socially and in a responsible manner.
(iii) His/Her character and conduct have been……
(iv) Reasons for certificate of status……

Date…… Signed……

SECTION C: REQUIREMENTS

(i) A recommendation by a registered professional practitioner of good status (in section B above)
(ii) Attach copy of current retention certificate/private practice licence/temporary licence for foreign practitioner
(iii) Evidence that the practitioner is not under any investigation by the Board
(iv) Application fee of Kshs.20,000
(v) ***All payments should be made at any KCB Branch countrywide to Board's account No. 1103158643, Milimani Branch; SWIFT CODE: KCBLKENX, BANK CODE: 01175, BANK: KCB***

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

Signature of Applicant……Date ……

FOR OFFICIAL USE

The process takes a maximum of two (2) weeks.

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