8 ANNEXES

CPD I: CPD Provider Application Form

REPUBLIC OF KENYA

MEDICAL PRACTITIONERS AND DENTISTS BOARD (MPDB)

Application No:.....

APPLICATION FORM FOR CPD PROVIDERS

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THE FORM

- The application form must be completed by a duly authorized person
- Fill in the document using BLOCK letters ONLY
- Every application must be accompanied by:
  - The application fee receipt (non-refundable). The fees shall be paid directly to the Board account at any KCB Branch countrywide, Board's Account No. 1103158643, Milimani Branch. Swift Code: KCBLKKENX, BRANCH: KCB, BANK CODE: 01175.
  - Calendar of activities
  - Names of two referees
  - Copy of registration certificates

PART A: ADMINISTRATIVE INFORMATION

1. Particulars of Applicant	
a) Name of Institution:	
b) Permanent Address:	
c) Physical Address:	
d) City/Town:	e) County:
f) Postal Address:	g) Postal Code:
h) Plot No.:	i) LR No.:
j) Telephone No.:	k) Mobile No.: