CPD IV: CPD Practitioner Appeal Form

REPUBLIC OF KENYA

CPD PRACTITIONER APPEAL FORM

DATE:.....

REQUIREMENTS FOR APPEAL TO THE BOARD

PART A

1. The applicant should fill the form in BLOCK LETTERS
2. A copy of relevant data capture tools
3. Attachment(s) of credible evidence for use in appeal grounds

DETAIL OF COMPLAINTS

Doctor/Dentist Registration Number: .....

I wish to appeal against the decision of the MPDB

SUBJECT OF COMPLAINT.....

COMPLAINTS.....

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EXPECTED OUTCOME:.....

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Name.....Sign.....